

P13D000035612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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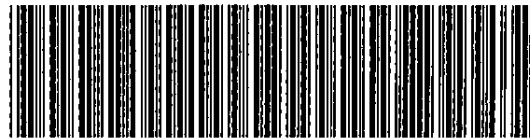
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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8

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **SILVIA MILLOR P.A.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **SILVIA MILLOR**

Name (Printed or typed)

PO BOX 430930

Address

South Miami, FL 33243-0930

City, State & Zip

305-335-9910

Daytime Telephone number

silviamillor@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SILVIA MILLOR P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

335 COSTANERA RD
CORAL GABLES, FL 33143

Mailing address, if different is:

PO BOX 430930
South Miami, FL 33243-0930

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized to engage in the profession of real estate and
in any activity or business permitted under the laws of the United States
and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SILVIA MILLOR, PRESIDENT

Address: PO BOX 430930
South Miami, FL 33243-0930

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SILVIA MILLOR
Address: 335 COSTANERA ROAD
CORAL GABLES, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SILVIA MILLOR
Address: PO BOX 430930
South Miami, FL 33243-0930

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Silvia Millor
Required Signature/Registered Agent

4/16/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Silvia Millor
Required Signature/Incorporator

4/16/13
Date

Belkis L. Ayala
BELKIS L. AYALA
Notary Public, State of Florida
My Comm. Expires Jan. 30, 2016
No. EE 198656

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13 APR 18 PM
SECRETARY OF JAIL
TALLAHASSEE FL