

P13000069691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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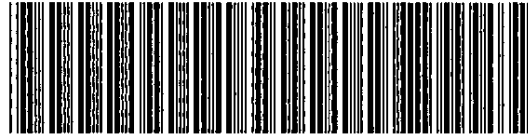
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/13--01003--009 **78.75

FILED
13 AUG 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 08/23/13

COVER LETTER

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

SUBJECT: **KELLY MILFORT TAXI & MULTI SERVICES INC**
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **KELLY MILFORT**
Name (Printed or typed)

545 NE 121 ST APT 110
Address

MIAMI FL 33161
City, State & Zip

786-277-8740
Daytime Telephone number

MILFORTKELLY@YAHOO.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: KELLY MILFORT TAXI & MULTI SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

545 NE 121 ST APT 110

MIAMI FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CREDIT CARD PROCESSING
AND TRANSPORTATION , INCOME TAX SERVICE

ARTICLE IV SHARES 50

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KELLY MILFORT P

Name and Title: _____

Address 545 NE 121 ST APT 110

Address: _____

MIAMI FL 33161

Name and Title: GERALDA GERMAIN V/P

Name and Title: _____

Address 545 NE 121 ST APT 110

Address: _____

MIAMI FL 33161

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: KELLY MILFORT

Address: 545 NE 121 ST APT 110

MIAMI FL 33161

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: KELLY MILFORT

Address: 545 NE 121 ST

MIAMI FL 33161

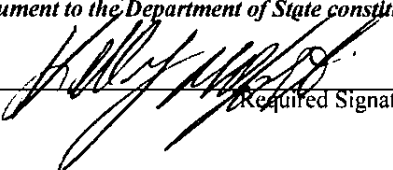
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

07/16/13
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.


Required Signature/Incorporator

07/16/13
Date