## P13000101325

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

621-W13000067530



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FINE SECRET STATE

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## COVER LETTER

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

SUBJECT:	Feel Green (PROPOSED CORPORAT	LEY DY / TE NAME - MUST INCL	Milano Inc	
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  ADDITIONAL CO	& Certificate of Status	
FROM: Flavia Milano Name (Printed or typed)  755 NW 17th Ave Ste 105				
Delray Beach FL, 33445  City, State & Zip				
Daytime Telephone number  10 0 M anowor dw. dc. Lom  E-mail address: (to be used for future annual report notification)				

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

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2013

FLAVIA MILANO 755 NW 17TH AVENUE SUITE 105 DELRAY BEACH, FL 33445

SUBJECT: FEEL GREEN BY MILANO INC.

Ref. Number: W13000067530

We have received your document for FEEL GREEN BY MILANO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 513A00028091

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Control of the contro	5. Sr
	of Incorporation er 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:	Green by Milano I Ray
ARTICLE II PRINCIPAL OFFICE	P/1/4. "/
755 NW (7th Ave Sh	Mailing address, if different is: "/o
Delray Beach EL 33445	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·
wholesale giff	items
	<del> </del>
	4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1
	<del></del>
ARTICLE IV SHARES The number of shares of stock is:	
ADMICI D. V. THÜRTAL ORDVORDO AND OR DE	mnamana
Name and Title: Flavia Mila	no Name and Title: Paya Kryger (60
•	cean Blxaliress: 12 10419 Shadowbend Pr
	Dallas Texas
Ocean Ridge	75230 33435
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptabl	e) of the registered agent is:
Name: Layla Milane	<u>)                                    </u>
Address: 6665 No Ocear	FBING CS
Ocean Kidge	33435 EL
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  Name:  Address:  Class No Oleo  Class F	20 an Blvd C5 2 33435
Having been named as registered agent to accept service of pro	
this certificate, I am familiar/with afld accept the application as Required Signature/Registered Agent	s registered agent and agree to act in this capacity  Date
I submit this document and affirm that the facts stated herein	greytrue, I am aware that the false information submitted in a
document to the Department of State constitutes a third degree f	Value Date
· /	

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