

P1466668589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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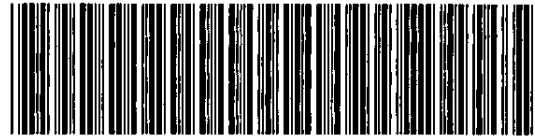
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 22 PM 12:30

*[Handwritten signature]*  
1-29-14

## COVER LETTER

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

SUBJECT: **MILLANTI CORPORATION**

(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: **MATIAS MILLA**

Name (Printed or typed)

**7510 AMBER CT**

Address

**TAMPA, FL, 33634**

City, State & Zip

**813-240-4178**

Daytime Telephone number

**L.ANTIGA@GMAIL.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 22 PM 12:30

**ARTICLE I NAME**

The name of the corporation shall be: MILLANTI CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7510 AMBER CT

TAMPA, FL, 33634

Mailing address, if different is:

P.O.BOX 262814

TAMPA, FL, 33685

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To carry on and transact any lawfull business.

To acquire, own, use, convey and otherwise dispose of and deal in real property,  
personal property or any interest therein. To enter into any lawfull arrangements  
for sharing profits and losses in any transaction or transactions.

The duration of the corporation shall be eternal

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Matias Milla-President

Address 7510 Amber Ct

Tampa, Fl, 33634

Name and Title: Matias Milla-Secretary

Address: 7510 Amber Ct

Tampa, Fl, 33634

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(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: Matias Milla  
Address: 7510 Amber Ct  
Tampa, Fl, 33634

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

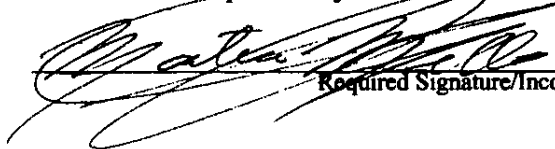
Name: Matias Milla  
Address: 7510 Amber Ct  
Tampa, Fl, 33634

*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

1/17/14  
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

1/17/14  
Date