

PA000035059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

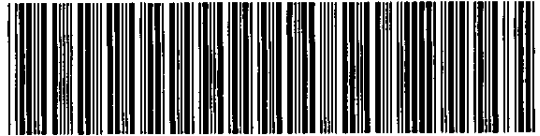
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258986306

04/15/14--01008--006 **87.50

FILED
14 APR 15 PM 2:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: MILLERS 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
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: SAMUEL MILLER

Name (Printed or typed)

11921 NW 34 PLACE

Address

SUNRISE FL 33323

City, State & Zip

(954) 279 - 0127

Daytime Telephone number

*** shemuel8@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)

ARTICLE I NAME

The name of the corporation shall be: MILLERS SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11921 NW 34 PLACE

SUNRISE FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL MILLER - PRESIDENT, TREASURER

Address: 11921 NW 34 PLACE

SUNRISE FL 33323

Name and Title: _____

Address: _____

Name and Title: FRANCENE FRASER - VICE PRESIDENT, SECRETARY

Address: 11921 NW 34 PLACE

SUNRISE FL 33323

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
14 APR 15 PM 2:57
SECRETARY OF STATE
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: SAMUEL MILLER
Address: 11921 NW 34 PLACE
SUNRISE FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL MILLER
Address: 11921 NW 34 PLACE
SUNRISE FL 33323

FILED
14 APR 15 PM 2:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

x S. Miller
Required Signature/Registered Agent

x 4-11-14
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.

x S. Miller
Required Signature/Incorporator

x 4-11-14
Date