

4/29/2014 3:05 PM From: T 850 617 6381
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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RECEIVED
14 APR 29 AM 9:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Miller Southways Management, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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14 APR 29 PM 2:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04/30/14

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **Miller Southways Management, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: _____
 Name (Printed or typed)

 Address

 City, State & Zip

 Daytime Telephone number

 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: Miller Southways Management, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1202 Southways
Delray Beach, FL 33483
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: management consulting and related services

ARTICLE IV SHARES
The number of shares of stock is: 100 npv

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Paul T. Miller, President</u>	Name and Title:	<u>Andrea Miller, Secretary</u>
Address:	<u>1202 Southways</u> <u>Delray Beach, FL 33483</u>	Address:	<u>1202 Southways</u> <u>Delray Beach, FL 33483</u>

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

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

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(cont.)

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: Andrea Miller
Address: 1202 Southways
Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Allan L. Markus, Esq.
Address: 189 Route 46 East
Parsippany, NJ 07054

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

4/21/14

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

4/21/14

Date

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TALLAHASSEE, FLORIDA