## P1400062709

(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:				



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## **COVER LETTER**

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

SUBJECT:	Cilcon Technolo (PROPOSED CORPORA	Gy Corp TENAME-MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM:	Joseph Mark Name 920 NE 33		AP+ 204
	Homestead,	FL 3303 State & Zip	33
		elephone number	
	E-mail address: (to be use	tech @ ama'	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)

The name of the corpora	tion shall be: Mileon	Technology Corp.	
	NCIPAL OFFICE Principal street address	- 1	ldress, if different is:
920 NE.	33 Terrail	J	
•	Homestead	<del></del>	
FL;			
ARTICLE III PUR		a societe tech	anical some
For Sun all	business/Ind	Solve Se voles	la included
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	Support/maint		
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	client PC'S F		1 /
Databoses	. Mileon Techn	ology inc. is	a Technology
	<u>IRES</u>	offices/busines	networks & dorte
	TIAL OFFICERS AND/OR DIRI	ECTORS	
Name and Title	: Joseph Mark 1	CEO Name and Title:	
Address	920 NE 33 Tes	Address:	
	APT 204 Home	Stead	
	FL 33033		1000
Name and Title	Joni-Ann Mark	COName and Title	
Address	920 NE 33 T		2 24-
Address	Agt 204 Homes		
	FL ,33033		N Sign
	1 2 , 35095	**************************************	2:5
Name and Title		Name and Title:	<del>-</del>
Address			
		, saus 2001	
			<del></del>

Name and Title:	Name and Title:			
Address	Address:			
42000 P	2: 5			
The name and Florida street address (F.O. Box NOT acceptable)	le) of the registered agent is:			
Name: Joseph Mark				
Address: 920 NE 33 Terra	<u>u</u>			
Apt 204 Homestead	J.FL 33033			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Name: Joseph Mark				
Address: 920 ME 33 Ter	<u>r</u>			
Address: 920 NE 33 Ter Apt 204 Homestea	d, FL 33033			
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				
la company	6/28/14			
Required Signature/Registered Agent	Date			
document to the Department of State constitutes a third degree j	fare true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.			
Required Signature/Incorporator	Date			