

P/400006964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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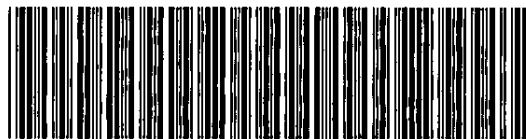
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MILRAM ENTERPRISES 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: LEONARD Gelfond
Name (Printed or typed)

9000 PARK BLVD. #7
Address

SEMINOLE FLORIDA 33777
City, State & Zip

727-410-1613

Daytime Telephone number

Gelfond@Tampabay.FL.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:

MILRAM ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9000 PARK BLVD. #7

SEMINOLE FL. 33777

Mailing address, if different from principal office address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARD GELFOND Name and Title: _____

Address: 9000 PARK BLVD. #7 Address: _____
SEMINOLE FL. 33777

Name and Title: MILDRED GELFOND Name and Title: _____

Address: 9000 PARK BLVD. #7 Address: _____
SEMINOLE FL. 33777

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: JEFFREY GELFOND

Address: 9000 PARK BLVD. #7

SEMINOLE FL. 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONARD GELFOND

Address: 9000 PARK BLVD. #7

SEMINOLE FL. 33777

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

Jeffrey Gelfond
Required Signature/Registered Agent

Aug 12, 2014
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.

Leonard Gelfond
Required Signature/Incorporator

Aug 12, 2014
Date