

P/400006964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

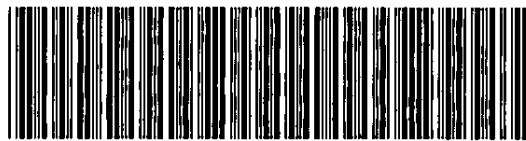
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A large, stylized handwritten signature in black ink, likely belonging to the Secretary of State.

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

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TALLAHASSEE, FLORIDA

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: _____

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