PH0001177

(Requ	(Requestor's Name)		
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(Address)			
(City/	State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nam	ne)	
(545)	nood Enary Hair		
(Docu	ıment 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: Mills	son Services		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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: L	aura Milis	e (Printed or typed)	
47	707 Pinellas Dr		
_	1	Address	
0	rlando, FL 32812	2	
	City,	State & Zip	
40	07 879 6491		
	Daytime T	elephone number	
laı	uralee261980@yah	oo.com	
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



August 12, 2014

LAURA MILLS 4707 PINELLAS DR. ORLANDO, FL 32812

SUBJECT: MILLSON SERVICES INC

Ref. Number: W14000049228

We have received your document for MILLSON SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 914A00017284

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	ME Millson Services	The	
			14
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:	AUG.
4707 Pinellas	· —	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	25
Orlando, FL 3			PM
Onaniuo, FL 3	2012		<u>ن</u> ي (
•		92 22	<u> </u>
ARTICLE III PUR	POSE Provide	wm > a a wide variety of services to Central F	_
The purpose for which t	he corporation is organized is:	e a wide variety of services to Central F	
mainten	once, supplies, ctc.		
		·	
			-
		·	
	ARES		
The number of shares of	stock is:		
ARTICLE V INI	TAL OFFICERS AND OR DIRECT) De	
	<u>tial officers and/or directo</u> Laura Mille President	<u>ara</u>	
Name and Title	ELaura Mills President	Name and Title:	
Address	4707 Pinellas Dr	Address:	
	Orlando FL 32812		
		_	
Name and Title	q <u> </u>	Name and Title:	
Address		Address:	
Name and Title	4	Name and Title:	
Address		Address:	
		<u> </u>	
	·		

Name and	l Title:	Name and Title:
Address		Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	
·	orida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Laura Mills	24 =
Address:	Laura Mills 4707 Pinellas Dr Orlando, FL 32812	TA AUG
	011and0, FC 32812	ASS
		P P
ARTICLE VII	INCORPORATOR	PH 3: 44 PH 3: 44
The name and ad	<u>dress</u> of the Incorporator is:	100 PM
Name:	Laura Mills	
Address:	4707 Pinellas Dr	_
	Orlando FL 32812	_
Having been nam this certificate, I d	im familiar with and accept the appointment as reg	- 1 - 1
Zow	Required Signature/Registered Agent	8/3/14 Date
I submit this doci	ument and affirm that the facts stated herein are	e true. I am aware that the false information submitted in a
document to the L	Department of State constitutes a third degree felon Required Signature/Incorporator	ny as provided for in \$.817.155, F.S. 8/3/14 Date
		, zano