

P14000102545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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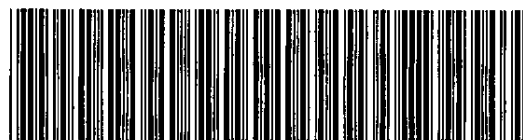
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Millers Landscaping 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: Accounting & Financial Strategies, LLC

Name (Printed or typed)

2039 Soutel Drive

Address

Jacksonville, Fla. 32208

City, State & Zip

904-768-1700

Daytime Telephone number

info@afsllc.info

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: Millers Landscaping Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4010 Edison Ave.

Jacksonville, Florida

32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sod & Installation

and any related lawful business purpose which may become necessary or desirable for the furtherance of the corporate objectives.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miller Dean Carter-P

Name and Title: John Jackson-Director

Address 4010 Edison Ave.

Address: 1821 Miller Street

Jacksonville, Florida

Orange Park, Florida

32254

32073

Name and Title: Rudolph Williams-S

Name and Title: _____

Address 1800 Miller Street

Address: _____

Orange Park, Florida

32073

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: Miller Dean Carter

Address: 4010 Edison Ave.

Jacksonville, FL.32254

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Miller Dean Carter

Address: 4010 Edison Ave.

Jacksonville, FL.32254

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STATE
OFFICE
TALLAHASSEE, FLORIDA

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

Miller D. Carter
Required Signature/Registered Agent

12-19-1
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.

Miller D. Carter
Required Signature/Incorporator

12-19-1
Date