

P 15000005587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

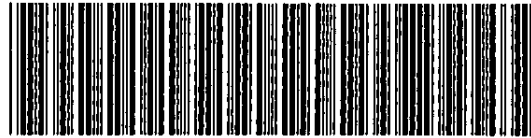
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15 JAN 20 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 1/22/15

**COVER LETTER**

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

DOCUMENT NO.  
W14000076947

**SUBJECT:** R . Milan Garcia Corp.  
(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:** Rodolfo Milan Garcia  
Name (Printed or typed)

11056 NW 4th Terrace  
Address

Miami, FL 33172  
City, State & Zip

786 241-9782  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
15 JAN 20 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

15 JAN 20 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 31, 2014

RODOLFO MILAN GARCIA  
11056 NW 4 TERRACE  
MIAMI, FL 33172

SUBJECT: R. MILAN GARCIA CORP.  
Ref. Number: W14000076947

We have received your document for R. MILAN GARCIA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00027523

**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: R. Milan Garcia Corp.

FILED

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
11056 NW 4th Terrace  
Mami, FI 33172

15 JAN 20 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any And All Lawful Business

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Rodolfo Milan Garcia, President</u>	Name and Title:	_____
Address	<u>11056 NW 4th Terrace</u>	Address:	_____
	<u>Miami, FI 33172</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Rodolfo Milan Garcia  
 Address: 11056 NW 4 Ter.  
Miami, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rodolfo Milan Garcia  
 Address: 11056 NW 4 Ter.  
Miami, FL 33172

*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*

Rodolfo Milan Garcia \_\_\_\_\_ 10/20/14  
 Required Signature/Registered Agent 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.*

Rodolfo Milan Garcia \_\_\_\_\_ 10/20/14  
 Required Signature/Incorporator Date

FILED  
 15 JAN 20 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA