

P15000015754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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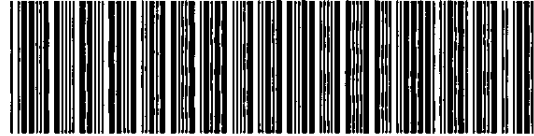
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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π 02/17/15

COVER LETTER

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

SUBJECT: **LUIS MILLAN 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: **LUIS MILLAN**

Name (Printed or typed)

15475 SW 288TH ST, C-208

Address

HOMESTEAD, FL 33033

City, State & Zip

786-283-0747

Daytime Telephone number

ALI@ARVIHOMES.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:

LUIS MILLAN CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15475 SW 288TH ST

C-208

HOMESTEAD, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BECOME AN INDEPENDENT CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LUIS MILLAN, OWNER

Name and Title:

Address

15475 SW 288TH ST

Address:

C-208

HOMESTEAD, FL 33033

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(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: LUIS MILLAN

Address: 15475 SW 288TH ST, C-208

HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS MILLAN

Address: 15475 SW 288TH ST, C-208

HOMESTEAD, FL 33033

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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

Luis Millan
Required Signature/Registered Agent

02/02/2015
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.

Luis Millan
Required Signature/Incorporator

02/02/2015
Date