

P15090030830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

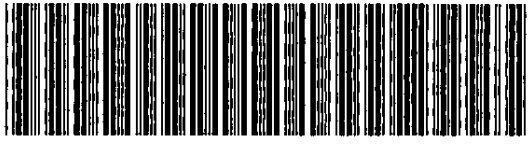
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270663677

04/01/15--01009--004 **70.00

FILED
15 APR - 1 AM 8:20
TALLAHASSEE FLORIDA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: T. C. Miller Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Timothy Miller
Name (Printed or typed)

549 Pemberton Ave
Address

Deltona, FL 32738
City, State & Zip

(386) 279-2502
Daytime Telephone number

Timothy.Miller8514@yahoo.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: T. C. Miller Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

549 Pemberton Ave

Deltona, FL 32738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cabinetry

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Miller (Pres.)

Name and Title: _____

Address: 549 pemberton Ave

Address: _____

De Hona, FL 32738

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
15 APR -1 ... 8:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Timothy Miller
 Address: 549 Pemberton Ave
Deltona, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy Miller
 Address: 549 Pemberton Ave
Deltona, FL 32738

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

Timothy Miller
 Required Signature/Registered Agent

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.

Timothy Miller
 Required Signature/Incorporator

3/27/15
 FILED
 3/27/15
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA
 8:20