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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 APR 20 PM 12:52

✓ 04/23/15

## COVER LETTER

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

**SUBJECT:** Mills Restorations, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jennifer Mills

Name (Printed or typed)

2291 SW Nightingale Terrace

Address

Port Saint Lucie, Florida 34953

City, State & Zip

772-359-8440

Daytime Telephone number

jennifer@millsbuildersinc.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: Mills Restorations, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2291 SW Nightingale Terrace

Port Saint Lucie, Florida 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide interior design services and painting services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jennifer Mills, President

Name and Title: \_\_\_\_\_

Address 2291 SW Nightingale Terrace

Address: \_\_\_\_\_

Port Saint Lucie, Florida 34953

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(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: Jennifer Mills

Address: 2291 SW Nightingale Terrace  
Port Saint Lucie, Florida 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer Mills

Address: 2291 SW Nightingale Terrace  
Port Saint Lucie, Florida 34953

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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*

Jennifer Mills  
Required Signature/Registered Agent

4-16-15  
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.*

Jennifer Mills  
Required Signature/Incorporator

4-16-15  
Date