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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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

SUBJECT: Jen	гу Мс	Millan, Inc.				
SUBJECT.		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	origi	inal and one (1) copy of the art	icles of incorporation an	d a check for:	_	
☐ \$70.6 Filing Fo		■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	.	
			ADDITIONAL CO	OPY REQUIRED	_	
	Jerry	y McMillan				
FROM:	: <u></u>		e (Printed or typed)			
	5388	Oak Bay Drive East			16 HAY	SECRE ALLA
			Address		Y -9	
Jacksonville FL 32277						
City, State & Zip				ANIO:		
	904-	571-5093			28	ATE NOA
Daytime Telephone number						.*-
	acrur	nit30@aol.com				
		E-mail address: (to be use	d 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)

Principal <u>street</u> address 5388 Oak Bay Drive East	Mailing address 3815 N US HWY 1, unit		
Jacksonville FL 32277	Cocoa FL 32926		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ontractor		
		16	NEC SEC
ARTICLE IV SHARES The number of shares of stock is:		AY -9 &H 10:	RETARY OF ST
Name and Title:		28	ATE
Address 5388 Oak Bay Drive East Jacksonville FL 32277	Address:		
			
Name and Title:	Name and Title:		
Address	Address:		
Name and Title:			
Address	Address:		

Name a	and little:	Name and Title:			
Address		Address:			
	REGISTERED AGENT				
The name and	Florida street address (P.O. Box NOT accep Jerry McMillan	table) of the registered agent is:			
Name:				<u>_</u>	
Address:	5388 Oak Bay Drive East	· 	<u></u>		
	Jacksonville FL 32277				
			9	ASP.	
ARTICLE VII	<u>INCORPORATOR</u>				
The name and	address of the Incorporator is:		Ö	101 110 110 110 110 110 110 110 110 110	
Name:	Jerry McMillan		28		
Address:	5388 Oak Bay Drive East			<u>і</u> н - ^д -	
Address:	Jacksonville FL 32277				
Effective date,	date is listed, the date must be specific and	(OPTIONAL) I cannot be more than five business day	ys prior or 90 bu	siness	
	te inserted in this block does not meet the app effective date on the Department of State's re		date will not be li	sted as	
	amed as registered agent to accept service of I am fantiliary yith and accept the appointme			nated in	
Marto M Jall 100 as			MA.160		
Required Signature/Registered Agent		ent	Date		
	ocument and affirm that the facts stated her			itted in a	
document to the	e Department of State constitutes a third degr	ee felony as provided for in s.817.155, F	s. 5.4.1V		
/ Req	uired Signature/Incorporator		Date		