

P16000052142

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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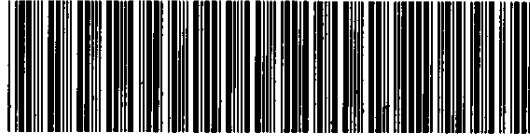
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W1600029459

JUN 17 2016

T. SCOTT



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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JUN 13 PM 3:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2016

JODI MILLER  
8267 DAY LILY PLACE  
SANFORD, FL 32771

SUBJECT: JODI W MILLER, LMHC, P.A.  
Ref. Number: W16000029459

We have received your document for JODI W MILLER, LMHC, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return 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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 216A00008225

RECEIVED  
16 JUN 13 PM 12:26  
TALLAHASSEE, FLORIDA

**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: Jodi W. Miller, L.M.H.C., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8207 Day Lily Place  
Sanford, FL 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business Structuring.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Jodi W. Miller, CEO Name and Title: \_\_\_\_\_

Address 8207 Day Lily Place Address: \_\_\_\_\_  
Sanford, FL 32771

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

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

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

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

16 JUN 13 PM 3:30  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

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: Jodi W. Miller

Address: 8267 Day Lily Place  
Sanford, FL 32771

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jodi W. Miller

Address: 8267 Day Lily Place  
Sanford, FL 32771

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Jodi W. Miller  
Required Signature/Registered Agent

6/9/16  
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.*

Jodi W. Miller  
Required Signature/Incorporator

6/9/16  
Date