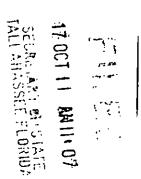
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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAiL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			



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n, 10/12/17

COVER LETTER

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

	R TIME SECURITY, INC		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	DPY REQUIRED
FROM:	EVE MILLER Nam	e (Printed or typed)	
709	CAPE CORAL PARKWAY WES	r	
		Address	
CA	PE CORAL, FL 33914		
	City	, State & Zip	
304	-677-3505		
	Daytime	Felephone number	
MII	LERTIME H76@AOL.COM		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

October 9, 2017

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference Miller Time Security, Inc. Florida Document Number P10000081428 Administrative Dissolution

Dear Department:

I received correspondence that my corporation was administratively dissolved for non payment of my annual report fees.

At this time I would like to release my Florida Document Number P0000081428 for my Corporation Miller Time Security, Inc.

I am also enclosing at this time articles that I would ask your assistance with in filing for me.

Thanking you for your assistance with these matters.

Geven M Niller Steven M Miller

President

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	<u>CIPAL OFFICE</u>			
CAPE CORAL PA	Principal street address	M SAME	ailing address, if differ	rent is:
PE CORAL, FL 33	914			
TICLE III PURPO purpose for which to CURITY BUSINES	the corporation is organized is:) ALL LAWFUL BU		
			TALI	250
				110
TICLE IV SHAR number of shares of	ES 100 SHARES @ 1.00 PAR VAL	UE PER		
TICLE V INTE	AL ARRICEDS AVEAD BIDECTARS			
	AL OFFICERS AND/OR DIRECTORS STEVEN M MILLER, PRESIDENT e:	Name and Title:		
	AL OFFICERS AND/OR DIRECTORS STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W			
Name and Title	STEVEN M MILLER, PRESIDENT			
Name and Title Address	STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address:		
Name and Title Address Name and Title	STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address:		
Name and Title Address	STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address:		
Name and Title Address Name and Title	c: STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address:		
Name and Title Address Name and Title Address	STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address: Name and Title: Address:		
Name and Title Address Name and Title Address	STEVEN M MILLER, PRESIDENT 709 CAPE CORAL PARKWAY W CAPE CORAL, FL 33914	Address: Name and Title: Address: Name and Title:		

Addres		Name and Title:
	REGISTERED AGENT	
The <u>name and F</u>	Clorida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	RONALD ST. CLAIR	_
Address:	709 CAPE CORAL PARKWAY WEST	
	CAPE CORAL, FL 33914	TALLE
<u> 4RTICLE VII</u>	<u>INCORPORATOR</u>	TOCT 11 SECTION ASSISTANCE AND ASSIS
The <u>name and a</u>	uddress of the Incorporator is:	me 🚆 📜
Name:	STEVEN M MILLER	SEE FLORID
Address:	709 CAPE CORAL PARKWAY WEST	FLORIDE
	CAPE CORAL, FL 33914	_
Effective date, it	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
iling.)	date is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	am familiar with and accept the appointment as re	
761	nald Value Cff Required Signature/Registered Agent	10/0// Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.
St	ava N Nilla	[Olio]17