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| (Re | questor's Name) | | |
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| (Ad | dress) | | |
| (Cit | ry/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE

JAN 1 8 2018 T SCHROEDER

COVER LETTER

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

| | inal and one (1) copy of the ar | | |
|------------------------|--|---------------------------------------|--|
| Ø\$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 | PY REQUIRED |
| | | | |

Daytime Telephone number

M 201 A http://com

E-mail address: (to be used for future annual report notification)

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

I Kelly Milinkovich have no intention to reinstate Kelly Milinkovich LLC and hereby release the name to be used for a corporation.

Thank you,

Kelly Milinkovich

(630) 606-7034

Km2521@hotmail.com

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: //c/// | Milinkovich PA |
|--|---|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| Principal street address 14753 San Marsa/act. Tampa, FL 33424 | Mailing address, if different is: 14753 San 111arsa/a Ct. Tampa, FL 33624 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: $Rad = 5/4e = 5a/e5$ | |
| | |
| | |
| | AHASSEN T |
| ARTICLE IV SHARES The number of shares of stock is: | PH 1: 0 |
| Name and Title: Kelly MilinVivinh | ECTORS 2012 GEC Name and Title: |
| Address: 14753 San Marsala C. Tampa, FL 33626 | |
| Name and Title: | |
| Address: | Address: |
| 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: Kelly MilinKevich |
| Address: 14753 San Marsala Ct. |
| TAMPA, FL 33624 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| Name: Kelly MilinKoviah |
| Address: 14753 San Marsala 01. |
| Tampa, FL 33lelle |
| |
| 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 |
| Required Signature/Registered Agent 1/3/18 Date |
| I submit this document and affirm that the facts stated herein are true. I am aware that any 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. |
| Regulared Signatura/Incorporator 1/3/18 |
| Required Signature/Incorporator / Date |

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SECKLIARY OF STATE:
TALL AHASSEE, FLORIDA