

P18 000011700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

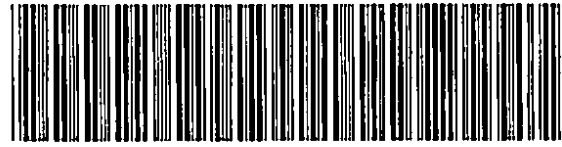
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/18--01023--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 29 AM 9:06

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D O'KEEFE
FEB 06 2018

COVER LETTER

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

SUBJECT: Moments With Millie, 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 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 COPY REQUIRED

FROM: Millie Escarmant
Name (Printed or typed)

18015 NW 17th Ave
Address

Miami Gardens, FL 33056
City, State & Zip

813-417-3439
Daytime Telephone number

millie.escarmant@gmail.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: Moments With Millie, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18015 NW 17th Ave
Miami Gardens, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General business purposes

ARTICLE IV SHARES

The number of shares of stock is: 10 million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Millie Escarmant, CEO</u>	Name and Title:	_____
Address	<u>18015 NW 17th Ave</u>	Address:	_____
	<u>Miami Gardens, FL</u>		_____
	<u>33056</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FLORIDA



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: Wilmen Joseph
Address: 2401 Continental Blvd
Orlando, FL 32808

ARTICLE VII INCORPORATOR

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

Name: Millie Escarmant
Address: 18015 NW 17th Ave
Miami Gardens, FL 33056

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TALLAHASSEE, FLORIDA

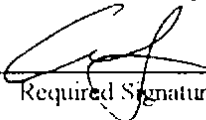
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (OPTIONAL)

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


Required Signature/Registered Agent

01-22-17
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.


Required Signature/Incorporator

01/22/17
Date