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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION MILIAN DESIGN & DETAILING INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

	ARTICLE I NAM	<b>AE:</b> The name of th	e corporation is:
Milian.	Design &	Detailing	Inc.
	ARTICLE II	PRINCIPAL O	FFICE:
	The principal stree	t address and maili	
65	4 NW 10 51	treet	
Hom	nestead, FL	33030	
ARTICI E In	SHADEO M		100
PATTOLE III	SHARES: The nu	mber of shares of s	tock is: 100
ARTI	CLE IV INITIA	L DIRECTORS AT	ND/OR OFFICERS:
Jose	Angel - Mili	an - Fresid	en T
<del></del>			
			· ·
			<u> </u>
	<u> </u>		· · ·
ARTICLEV	INITIAL REGIS	PEDED ACESEE A	ND STREET ADDRESS:
The name and I	Torida street address (	PO Box not accepts	ND STREET ADDRESS: ble) of the registered agent is:
<u>Jose</u>	2 Ange	l Milio	1 h
6	54 NW	10 .9	street
++	omestead		33030
<del></del>			<u> </u>
ARTICLEVI	INCORPORATO	R: The name and a	ddress of the Incorporator is:
<u> </u>	e Ange		
65	WIN P	10	Street 33030
Hor	nestead	F(	33030

## Required Signatures:

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

Rogistered Agent 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.

M18000175182

6/11/18 Date