

P200000000024

(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:

W19000101043

W19000108976

Office Use Only



700335952687

10/28/13--01038--002 **70.00

FILED
19 OCT 23 11
SECTION OF CLERK
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2019

RITA DAUGHTRY
5450 S STATE RD 7 #9
DAVIE, FL 33314

SUBJECT: MILLENNIUM SERVICES INC
Ref. Number: W19000101043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II
New Filing Section

Letter Number: 919A00023622



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

RITA DAUGHTRY
5450 S STATE RD 7, #9
DAVIE, FL 33314

SUBJECT: MILLENNIUM SERVICES INC
Ref. Number: W19000108976

We have received your document for MILLENNIUM SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

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.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 319A00025530

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THE UNIVERSITY OF CHICAGO

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: RITA DAUGHTRY
Address: 5450 S STATE RD 7 #9
DAVIE, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RITA DAUGHTRY
Address: 5450 S STATE RD 7 #9
DAVIE, FL 33314


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 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

10/15/2019
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

10/15/2019
Date

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Millennium Services Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5450 S State Rd 7 #9

Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rita Daughtry, Pres Name and Title: _____

Address 5450 S State Rd 7 #9 Address: _____

Davie, FL 33314

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ 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: Rita Daughtry

Address: 5450 S State Rd 7 #9

Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rita Daughtry

Address: 5450 S State Rd 7 #9

Davie, FL 33314

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2020, (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

Rita Daughtry

Required Signature/Registered Agent

12-06-19

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.

Rita Daughtry

Required Signature/Incorporator

12-06-19

Date

COVER LETTER

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

SUBJECT: Millennium Services Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Millennium Services Inc
Name (Printed or typed)

5450 S State Rd 7 #9
Address

Davie, FL 33314
City, State & Zip

786/285-5369
Daytime Telephone number

ritalinad@gmail.com
E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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

SUBJECT: MILLENNIUM SERVICES OF DAVIE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RITA DAUGHTRY
Name (Printed or typed)

5450 S STATE RD 7 #9
Address

DAVIE FL 33314
City, State & Zip

786/285-5369
Daytime Telephone number

ritalimad@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: MILLENNIUM SERVICES OF DAVIE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5450 S. STATE RD 7 #9
DAVIE FL 33314

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DO BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RITA DAUGHTRY PRES Name and Title: _____

Address: 5450 S STATE RD 7 #9 Address: _____
DAVIE FL 33314

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ 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: RITA DAUGHTRY
Address: 5450 S STATE RD 7 #9
DAVIE FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RITA DAUGHTRY
Address: 5450 S. STATE RD 7 #9
DAVIE FL 33314

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2020 (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

Rita Daughtry _____
Required Signature/Registered 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.

Rita Daughtry _____
Required Signature/Incorporator Date