# P200000024

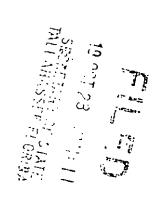
(Requestor's Name)	
(Address)	—
(	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
W19000101043 W19000108976	-
W19000108976	l
	}
	1
<u> </u>	

Office Use Only



700335952687

10/28/13--01028--002 \*\*70.00





### 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

www.sunbiz.org



December 16, 2019

1

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.

Letter Number: 319A00025530

Shondreka M Bellenger Regulatory Specialist II

www.sunbiz.org

Division of Communitions D.O. DOV 0007 Well-boson Electropes

# is the latter of the period of the color of

$(\mathcal{S}^{n}(p)) = (\mathcal{S}^{n}(p) + \mathcal{S}^{n}(p))$	8. 1	
معلم بيوم أسماد بو الشاب أست. أدني	and the second s	Hateland, Krahman — Tülkinin — 1
	-	
		· —
	ja dan ka	reng en pours de montre en la la certaine. Les
Samuel State of the		- A CONTRACT A STATE OF THE CONTRACT AS A CO
	-	· · · · · · · · · · · · · · · · · · ·
\		<u></u>
	•	· · · · · · · · · · · · · · · · · · ·
namen in the second of the sec	· - <u></u>	_
ng maning the new columns of the second seco		_
er de l'experte de la communicación de la comm		···•,;;•• *
er de l'expert en en el		
erg de l'expert et le rig L'alle de l'alle de L'alle de l'alle de l		
ing op de karrende kan Linda de lande de kanada Linda de lande de lande de lande		
		···anas
		**.**

Name ar	nd Title:	Name and Title:
Addres	s	Address:
		<del></del>
		<del></del>
	REGISTERED AGENT	4 > 64 - 1 - 1 - 1
Name:	Torida street address (P.O. Box NOT acceptal RITA DAUGHTRY	ore) of the registered agent is:
Address:	5450 S STATE RD 7 #9	<del></del>
rudi cis.	DAVIE, FL 33314	
ADTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	RITA DAUGHTRY	
Address:	5450 S STATE RD 7 #9	<del></del>
Address.	DAVIE, FL 33314	<del></del>
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	(OPTIONAL)
(If an effective (filing.)	date is listed, the date must be specific and c	annot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been nai	med as registered agent to accept service of pr	ocess for the above stated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment	erregistered agent and agree to act in this capacity
	(goto Jaught	10/15/2019
	Required Signature/Registered Agen	P Date
	cument and affirm that the facts stated hereir Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
1	K.To. Janalita	10/15/2019
Requ	red Signature/Incorporator	Date

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

iame of the corpora	Millennium S ation shall be:	
<u>CLE II PRINO</u> 50 S State Rd 7		Mailing address, if different is
CLETH PURP	OSE	
CI,E IV SILAE imber of shares o	RES f stock is:	
	<del></del>	
	AL OFFICERS AND/OR DIRECTOR	
	AL OFFICERS AND/OR DIRECTOR	
	AL OFFICERS AND/OR DIRECTOR	<u> </u>
Name and Tit	AL OFFICERS AND/OR DIRECTOR le:	<u> </u>
Name and Tit	AL OFFICERS AND/OR DIRECTOR le: Rita Daughtry, Pres 5450 S State Rd 7 #9	
Name and Tit	le: Rita Daughtry, Pres  5450 S State Rd 7 #9  Davie, FL 33314	
Name and Tit	le: Rita Daughtry, Pres  5450 S State Rd 7 #9  Davie, FL 33314	Name and Title:   Address:   Name and Title:   Name a
Name and Tit Address Name and Titl	AI. OFFICERS AND/OR DIRECTOR le: Rita Daughtry, Pres 5450 S State Rd 7 #9 Davie, FL 33314	Name and Title:   Address:   Name and Title:   Name and Title:   Address:
Name and Tit Address Name and Titl	AL OFFICERS AND/OR DIRECTOR le: Rita Daughtry, Pres 5450 S State Rd 7 #9 Davie, FL 33314	Name and Title:   Address:   Name and Title:   Address:
Name and Tit Address Name and Titl Address	AL OFFICERS AND/OR DIRECTOR  le: Rita Daughtry, Pres  5450 S State Rd 7 #9  Davie, FL 33314	Name and Title:   Address:   Name and Title:   Address:
Name and Tit Address Name and Titl Address	AL OFFICERS AND/OR DIRECTOR  le: Rita Daughtry, Pres  5450 S State Rd 7 #9  Davie, FL 33314	Name and Title:   Name and Title:   Name and Title:   Address:   Name and Title:
Name and Titl Address  Name and Titl Address	AL OFFICERS AND/OR DIRECTOR le: Rita Daughtry, Pres 5450 S State Rd 7 #9 Davie, FL 33314	Name and Title:

. Name and	Title:	Name and Title:
Address	- 4-4-4-	Address:
	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable)	of the registered mont is:
•	Rita Daughtry	of the registered agent is.
Name:	5450 S State Rd 7 #9	<del></del>
Address:	Davie, FL 33314	<del>_</del>
	1241(, 11, 33.714	<del></del>
ARTICLE VII - E	NCORPORATOR	
the <u>traine and add</u>	<u>ress</u> of the Incorporator is: Rita Daughtry	
Name:		<del></del>
Address:	5450 S State Rd 7 #9	
	Davie, FL 33314	<u> </u>
opriza e izia - i	CERECTIVE BATE.	
Effective date, if o	EFFECTIVE DATE: 1/1/2020 ther than the date of filing:	(OPTIONAL)
(If an effective da filing.)	te is listed, the date must be specific and can	not be more than five days prior or 90 days after the
,	pserted in this block does not meet the applical	ole statutory filing requirements, this date will not be listed as
	ective date on the Department of State's record	
Having been name	d as registered agent to accept service of proces	s for the above stated corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as regis	tered agent and agree to act in this capacity
Ki	Required Signature/Registered Agent	12-06-19 Date
L submit this docu		re true. I am aware that the false information submitted in a
Required Signature	Directly Ty	Date 12-06.19
required dignature		

# **COVER LETTER**

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

SUBJECT:	Millennium Services Inc		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	l a check for:
⊠ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	El \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _			
	Nam	e (Printed or typed)	
	5450 S State Rd 7 #9		
		Address	<del></del>
	Davie, FL 33314		
	City	, State & Zip	-
	786/285-5369		
_	Daytime T	Telephone number	
	ritalimad@gmail.coi	11	
_		d for future annual report i	otification)

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:	AILLENIUM SERVICE. (PROPOSED CORPO	S OF DAVIE INC	-
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SÚFFIX)
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	d a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	<del>-</del>
		ADDITIONAL CO	
FROM:	RITA DANGHT		
	DAVIE FL 33	314 ity, State & Zip	
	786/285. 5369 Daytim	e Telephone number	
		il-Com ised for future annual report i	
	h-mail address; (to be t	ised for future annual report i	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)

LE II PRINC	TAL OFFICE			
450 S. ST AVIE FI	rincipal street ac	ddress 1 #9		Mailing address, if different is:
LE III PURPO	SE e corporation is	organized is: 1	- Do Busina	ESS IN FRANDA
			· · · · · · · · · · · · · · · · · · ·	
		A		
		· O		
nber of shares of s	tock is: / e	O ND/OR DIRECTOI	<u>85</u>	
nber of shares of s  LE V INITIAL  Name and Title:	tock is: 7 6  LOFFICERS AF	ND/OR DIRECTOR DMGHTRY	PRES Name and	d Tule:
mber of shares of shares of shares of share and Title:	tock is: 7 6  LOFFICERS AF	ND/OR DIRECTOR DMGHTRY	PRES Name and	·
Name and Title:	tock is: 7 6  LOFFICERS AF	ND/OR DIRECTO!	PRES Name and	·
nber of shares of s  LE V INITIAL  Name and Title:	tock is: 7 6  LOFFICERS AF	ND/OR DIRECTOR DMGHTRY	PRES Name and	·
nber of shares of s LE V INITIAL Name and Title: Address	LOFFICERS AL RITA SYSO SS DAVIE	ND/OR DIRECTOI DMIGHTRY THTE RD 7 FL 33314	PRES Name and #9 Address:	
nber of shares of s  LE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AS RITA SYSO SS DAVIE	ND/OR DIRECTOR DAMOHTRY THTE RD 7 FL 33314	Name and Address:  Name and Address:	d Title:
nber of shares of s  LE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AS  RITA  SYSO SS  DAVIE	ND/OR DIRECTOI DMOHTRY THTE RD 7 FL 33314	Name and Address:  Name and Address:  Address:	d Title:
nber of shares of s  LE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AS  RITA  SYSO SS  DANIE	ND/OR DIRECTOI DAMOHTRY TATE RD 7 FL 33314	Name and Address:  Name and Address:  Address:	d Title:
nber of shares of s  LE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AS  RITA  SYSO SS  DANIE	ND/OR DIRECTOI DMOHTRY THTE RD 7 FL 33314	Name and Address:  Name and Address:  Address:	d Title:
nber of shares of shares of shares of shares and Title:  Address  Name and Title:  Address	LOFFICERS AS  RITA  SYSO SS  DAVIE	ND/OR DIRECTOR DAMONTRY THTE RD 7 FL 33314	Name and Address:  Name and Address:  Address:	d Title:
Name and Title:  Address  Name and Title:  Address	LOFFICERS AS RITA SYSO SS DANIE	ND/OR DIRECTOR DAMONTRY THTE RD 7 FL 33314	Name and Address:  Name and Address:  Name and Address:	d Title:

Name and Title	::	Name and Title:	
Address		Address:	
		<u> </u>	
	STERED AGENT		
	street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	RITH DANGHTRY		
Address:	5450 5 STATE RD 7 # DAVIE FL 33314	9	
	DAVIE FL 33314	<u> </u>	
ARTICLE VII INCO			
The name and address	•		
Name: _	KITA VANCHTRY	_	
Address:	RITA DAUGHTRY  SYSO S. STATE RD 7 1  DAVIE FL 3331+	#9 _	
_	DAVIE FL 3331+		
ARTICLE VIII EFF	ECTIVE DATE: than the date of filing:	g godtionen i	
(II an effective date is	listed, the date must be specific and cann	not be more than five days prio	r or 90 days after the
filing.)			
	ed in this block does not meet the applicable date on the Department of State's records		his date will not be listed as
	·		
	registered agent to accept service of process with and ascept the appointment as registe		
10	H. Walte	., .,	•
/4	Required Signature/Registered Agent		Date
	t and affirm that the facts stated herein ar		
document to the Depar	ment of State constitutes a third degree felo.	ny as provided for in s.817.155, 1	÷.S.
Panis Stuta	Waryl y	· ·	
Required Signature/Inc	orporator $\mathcal{O} = \mathcal{O}$	Date	