

P21000034606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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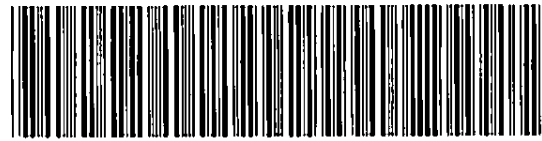
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 16 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 APR 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 767408 8172909

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : April 16, 2021

ORDER TIME : 11:38 AM

ORDER NO. : 767408-005

CUSTOMER NO: 8172909

DOMESTIC FILING

NAME: MILLENNIUM SCIENCES, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: Millennium Sciences, 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: Karen S. Fisch

Name (Printed or typed)

6899 Collins Avenue, Unit 2908

Address

Miami Beach, FL 33141

City, State & Zip

914 552-2741

Daytime Telephone number

karensfisch@gmail.com

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

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

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ARTICLES OF INCORPORATION

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

2021 APR 16 AM 11:31

**ARTICLE I NAME**

The name of the corporation shall be: Millennium Sciences, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6899 Collins Avenue

Unit 2908

Miami Beach, FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in the manufacture and sale of medical devices.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares, par value \$1 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Harry Fisch, Director

Name and Title: Karen Fisch, Director

Address 6899 Collins Avenue

Address: 6899 Collins Avenue

Unit 2908

Unit 2908

Miami Beach, FL 33141

Miami Beach, FL 33141

Name and Title: Harry Fisch, President

Name and Title: Karen Fisch, Vice President and Secretary

Address 6899 Collins Avenue

Address: 6899 Collins Avenue

Unit 2908

Unit 2908

Miami Beach, FL 33141

Miami Beach, FL 33141

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joan S. Grant  
Address: 115 Carthage Road  
Scarsdale, NY 10583

**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 Signature Required for Registration 04/16/2021  
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.*

Joan S. Grant  
Required Signature/Incorporator Date 4/16/2021