

P23000068895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

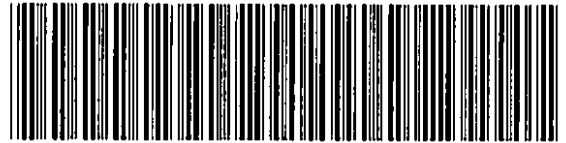
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Carpet Alley Incorporated  
(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: Frank Milea  
Name (Printed or typed)

6961 Exline Rd  
Address

Jacksonville Florida 32222  
City, State & Zip

904-300-3476  
Daytime Telephone number

potterbbk169mail.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: Carpet Alley Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6961 Exline Rd  
Jacksonville Fla.  
32222

Mailing address, if different is:

6961 Exline Road  
Jacksonville Fla. 32222

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To make a profit and for  
well being for stock holders, heads  
of corporation, employees and clients  
selling Carpet, tile, lenoleum, carpentry  
painting, wallpaper, home + business  
accessories. and and part of the  
installation process.

**ARTICLE IV SHARES**

The number of shares of stock is: 1 million

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

Name and Title: Frank Milea Pres.

Address 6961 Exline Rd  
Jacksonville Fla  
32222

Name and Title: Helen Milea VP.

Address: 465 Roscoe Blvd  
Ext. Ponte Vedra  
Beach Fla 32082

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Frank Milco  
Address: 6961 Exline Road  
Jax Fla 32222

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**ARTICLE VII INCORPORATOR**

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

Name: Frank Milco  
Address: 6961 Exline Rd  
Jax Fla 32222

**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*

Frank Milco  
Required Signature/Registered Agent

9/18/2023  
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.*

Frank Milco  
Required Signature/Incorporator

Date 9/18/2023