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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

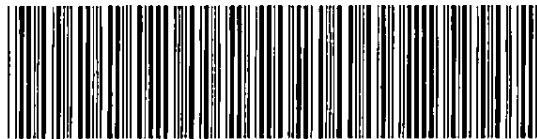
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## COVER LETTER

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

SUBJECT: DR. STEVEN CHRISTOPHER MILLS MD CORP.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Lisandra Estevez, Esq.

Name (printed or typed)  
901 East Las Olas Blvd.

Address  
Miami, FL 33131

City, State & Zip

(954)712-3070

Daytime Telephone Number

lisandra@ddpalaw.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, STEVEN C. MILLS PRESIDENT  
(Name) (Title)

of DR. STEVEN CHRISTOPHER MILLS MD, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is DR. STEVEN CHRISTOPHER MILLS MD  
(Foreign Corporation)

2. The jurisdiction and date of its formation is CALIFORNIA, 11/20/2020

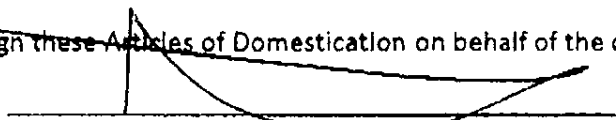
3. The name of the domesticated corporation is DR. STEVEN CHRISTOPHER MILLS MD CORP.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

STATE  
FILE

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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

DR. STEVEN CHRISTOPHER MILLS MD CORP.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address  
13185 TRENT COURT

JACKSON, CA 95642

Mailing Address  
13185 TRENT COURT

JACKSON, CA 95642

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

PRACTICE OF MEDICINE

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

STEVEN CHRISTOPHER MILLS MD

2760 HARBOR COURT

SAINT AUGUSTINE, FLORIDA 32084

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

11/7/2024  
Date

2024 DEC 27

PM 4:33

STATE  
E. FL

JD

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

STEVEN C. MILLS, CEO

Name & Title: \_\_\_\_\_

13185 TRENT COURT

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

JACKSON, CA 95642

\_\_\_\_\_

\_\_\_\_\_

Name & Title: \_\_\_\_\_

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

\_\_\_\_\_

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Name & Title: \_\_\_\_\_

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

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Name & Title: \_\_\_\_\_

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Name & Title: \_\_\_\_\_

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

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.

\_\_\_\_\_  
Signature/Authorized Person

11/7/2024  
\_\_\_\_\_  
Date

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STATE  
CLERK

ED