

P97000047436

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

500002191295--6
-05/27/97--01061--014
*****70.00 *****70.00

SUBJECT: _____ MURIEL D. MILLER, INC. _____

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$__70.00__

FROM; NAME _____ MURIEL D. MILLER _____
 ADDRESS _____ 1043 OAK FOREST CIRCLE _____
 CITY _____ PORT ORANGE _____
 STATE _____ FLORIDA _____
 TELEPHONE _____ (904) 788-4409 _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 27 PM 1:23

5/29

ARTICLES OF INCORPORATION OF

_____MURIEL D. MILLER, INC._____

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DIVISION OF CORPORATIONS
97 MAY 27 PM 1:23

ARTICLE I--NAME

THE NAME OF THIS CORPORATION SHALL BE_____

_____MURIEL D. MILLER, INC._____

ARTICLE II--PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE_____

_____1043 OAK FOREST CIRCLE_____

_____PORT ORANGE, FL. 32119_____

ARTICLE III--CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS_____

_____60, NO PAR_____

ARTICLE IV--REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS_____

_____MURIEL D. MILLER_____

_____1043 OAK FOREST CIRCLE_____

_____PORT ORANGE, FL. 32119_____

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

MURIEL D. MILLER
1043 OAK FOREST CIRCLE
PORT ORANGE, FL. 32119

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS 12 DAY OF
MAY 1997

SIGNATURE

SIGNATURE

SIGNATURE

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97 MAY 27 PM 1:23

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNING THE REGISTERED AGENT/REGISTERED OFFICE
IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS _____
_____ MURIEL D. MILLER, INC. _____
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS
NAME _____ MURIEL D. MILLER _____
ADDRESS _____ 1043 OAK FOREST CIRCLE _____
CITY/STATE _____ PORT ORANGE, FL. 32119 _____

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 HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE
OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

Muriel Miller
May 22, 1997