P980000029270

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

SUBJECT: Mil	Proposed corpora	Commications ate name - must include suf	Consulting,	<u>-</u> -nc.
		<u> </u>	100002389 -01/05/98(*****78.75)589(01062011 *****78.75
Enclosed is an original a	and one(1) copy of the articles	of incorporation and a c	check for :	1
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	ļ
FROM:	Nancy L. Name (Pr	Tiller inted or typed)		
-	18802 Cypre	ess Shores I		98 FAR 3
_	Lutz FL City,	33549 State & Zip	LVY OF S	= m
-		0141 elephone number		90 6 6

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 7, 1998

NANCY L. MILLER 18802 CYPRESS SHORES DR. LUTZ, FL 33549

SUBJECT: MILLER-MILLER TELECOMMUNICATIONS CONSULTING, INC.

Ref. Number: W9800000335

We have received your document for MILLER-MILLER TELECOMMUNICATIONS CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 487-6925.

Letter Number: 998A00000801

Barbara Brock Document Specialist

S Corporation Filing

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the composition shall be:	· · · · · · · · · · · · · · · · · · ·
Miller-Miller Telecommunications Consu	office, Tuc.
	O,
ARTICLE II PRINCIPAL OFFICE	- -
The principal place of business and mailing address of this corporation shall be:	
18802 Cypress Shores Dr.	
18802 Cypress Shores Dr. Lutz FL 33549	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at a	ny one time is:
100	
ADDRESS OF THE PROPERTY AND ASSESS ADDRESS ADD	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR. The name and Florida street address of the initial registered agent are:	3 3
The name and Florida street address of the initial registered agent are.	20 20
(((((((((((((((((((((((((((((((((((((((77.5
18807 CHORESS Shares Dr	98 MAR 31
18802 Cypress Shores Dr	man and a second
Nancy L. Miller 18802 Cypress Shores Dr Lutz FL 33549 ARTICLE V INCORPORATOR	Fig 3 M
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	Fig 3 M
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ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	Fig 3 M
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ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Nancy L. Miller 18802 Cypress Shores Dr Lutz FL 33549	Fig 3 M
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Nancy L. Miller 18802 Cypress Shores Dr Lutz FL 33549 12-28-9	Fig 3 M
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Nancy L. Miller 18802 Cypress Shores Dr Lutz FL 33549	Fig 3 M

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date