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TRANSMITTAL LETTER

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

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-09/27/99--01174--001
*****78.75 *****78.75

SUBJECT: Milton Sicard Enterprises Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: Milton Sicard
Name (Printed or typed)

3936 S. Semoran Blvd #438
Address

Orlando, FL 32822
City, State & Zip

Milton Sicard GAVE 407-925-8705
Daytime Telephone number

AUTHORIZATION BY PHONE TO
CORRECT Article IV + RA. Acceptance

DATE 9/29

DOC. EXAM. Yes

EFFECTIVE DATE
10-1-99

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

99 SEP 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T BROWN SEP 29 1999

EFFECTIVE DATE

10-1-99

**Articles of Incorporation
of
MILTON SICARD ENTERPRISES, INC.**

FILED
99 SEP 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**I.
Name**

The name of the Corporation is MILTON SICARD ENTERPRISES, INC., hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 3936 S. SEMORAN BLVD SUITE 438, ORLANDO, Florida 32822. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is MILTON SICARD, 3936 S. SEMORAN BLVD. #438, ORLANDO, Florida 32822.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Effective Date**

The effective date of the corporation shall be October 1, 1999.

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 100, each share to have a par value of \$ 1.00.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Milton Sicard	3936 S. Semoran Blvd. #438 Orlando, FL 32822

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: Milton Sicard. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Milton Sicard	3936 S. Semoran Blvd. #438 Orlando, FL 32822

IX.

No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.

Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

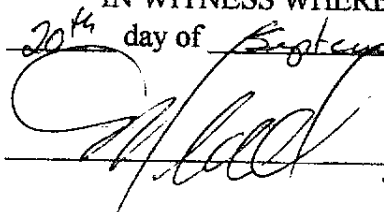
XI.

Fiscal Year

The fiscal year of the Corporation shall be from January to December of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the

20th day of September, 1999.



INCORPORATOR/REGISTERED AGENT

I ACCEPT DESIGNATION AS REGISTERED AGENT

State of Florida

County of Orange

BEFORE ME, the undersigned authority, on this day personally appeared Milton Sicard, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 15th day of September, 1999.



DIANA L. MONTANEZ
My Comm Exp. 5/08/2001
Bonded By Service Ins
No. CC645780
☒ Personally Known ☐ Other I.D.

[Signature]
Notary Public in and for the
State of Florida

My Commission Expires: 2001

State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 19____.

Notary Public in and for the
State of _____

My Commission Expires: