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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

tinieest miracle, corp.

Certificate of Status	0
Certified Copy	1
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(4)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TINIEST MIRACLE, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**2439 SW 110TH AVE
MIAMI FL 33165**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**CLARISSA E TORRES
2439 SW 110TH AVE
MIAMI FL 33165**

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CLARISSA E TORRES
2439 SW 110TH AVE
MIAMI FL 33165

ARTICLE VI OFFICERS

PRESIDENT CLARISSA E TORRES
VICEPRESIDENT HAYDE BELTRAN

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of JUNE, 2002

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

✓ C. Torres
Signature

X Haydee Beltran
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

The name of the corporation is:

TINIEST MIRACLE, CORP.

1. The name and address of the registered agent and office is:

CLARISSA E TORRES

NAME

2439 SW 110TH AVE

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIAMI FL 33165

(CITY/STATE/ZIP)

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.

06/22/2002

✓ C. Torres

(SIGNATURE)

(DATE)

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

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