Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

·SS:
55:

FLORIDA/FOREIGN LP/LLLP Miracle Children, LLLP

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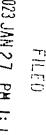
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CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Witacle Cimulett, ELES
Same of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership affixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
1200 N. Federal Highway, Suite 424
(Street address of initial designated office)
Boca Raton, FL 33432
Jennifer E. Zakin
(Name of Registered Agent for Service of Process)
Mizner Park Office Tower, 225 N.E. Mizner Boulevard, Suite 440
(Florida street address for Registered Agent)
Boca Raton, FL 33432
. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co- tith the provisions of all statutes relative to the proper and complete performance of my duties, and I am famil tith and accept the obligations of my position as registered agent.
Ashley Perkins Ashley Perkins, Special Secretary Signature of Registered Agent
Signature of Registered Agent
1200 N. Federal Highway, Suite 424
(Mailing address of initial designated office)
Boca Raton, FL 33432

7. If limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2



8. Name and business address of exame:	ach gener	al partner: Business Address:		
Miracle Children, LLC		1200 N. Federal Highw	ray, Suite 424	
		Boca Raton, FL 33432		
				
	_			
	_			
	_			
9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	or more took does r	han 90 days after th not meet the applical	ole statutory filing requirer	nents
Signed this 27th	day of	January	2023	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a tl	that any f	false information sub	omitted in a document to the	
Ashley Perkins	_	Ashley Perkins, At	torney-in-Fact	
	_			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000 \$52.50 \$8.75	_	d \$35 Registered Agent Fee)	