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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE

UNL 30 MIS J. BRUCE

COVER LETTER

10:	Division of Corporations		
SHDI	JECT: Miracle Makers Inc.		
эсва	Name of Corporation – must include suffix		
Dear S	Sir or Madam:		
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to s in Florida", "Certificate of Existence", or "Certificate of Status" and check are the above referenced not for profit corporation to conduct its affairs in Florida	submitted to	
Please	return all correspondence concerning this matter to the following:		
	Troy McDowell		
	Name of Person		
	Miracle Makers Inc.		
	Firm/Company		
	204 SW 21st Ter		
		TAGE 29	
	Address	2015 SECR	
	Cape Coral, FL 33991	JUL 21/ARETARS	
	City/State and Zip Code	-SEE	r m
	E-mail address: (to be used for future annual report notification)	P 12: 3: OF STATE OF LORID.	C
For fu	rther information concerning this matter, please call:	Ω	
Troy	McDowell at ()	Nombon	
	Name of Person Area Code Daytime Telephone	Number	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIEI Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	
Enclos	sed is a check for the following amount:		
5 70	Certificate of Status Certified Copy C	87.50 Filing Fee, Certificate of Stat Certified Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

HE SIMIL OF	I LONDA.				
Miracle Make	ers Inc.				
(Name of corpo	ration: must include the word "INCORPORATED" or "CORPORATION" or words age as will clearly indicate that it is a corporation instead of a natural person or partn resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit cor	ershir	o if not s	ons of li	ke ned
Miracle Makers	National Inc.				
(If name unava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacti	ng bu	siness in	Florida	<u>i)</u>
Kansas	ptry under the law of which it is incorporated) 3. (FEI number, if appl				_
(State or cour	atry under the law of which it is incorporated) (FEI number, if appl.	icable	e)		
327	2014 Date of Incorporation) 5. (Date of duration, if other				
		r than	ı perpetu	al)	
_UDOY	realstration				
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to	o dete	rmine pe	nalty lic	ibility.)
204 SW 21st 7	er. Cape Coral, FL 33991				
	(Principal office address)				_
				<u> </u>	
	(Current mailing address, if different)				
charitable fund	raising events		mad		
(Purpose(s) of o	corporation authorized in home state or country to be carried out in the state of Florid	da)	33.7	201	
Nome and etr	eet address of Florida registered agent: (P.O. Box NOT acceptable)		CR A	<u>=</u>	-17
Name and Sir	set audiess of Florida registered agent. (F.O. Box 1401 acceptanc)		五所 注詞		*********
	InCorp Services, Inc.		SSE	29	
Name:			_ m,		
ffice Address:	17888 67th Court North		TO	ס	
	Loxahatchee , Florida 33470		ORID JATE	<u>ن</u>	
	(City) (Zip Co	ode)	Dm A	35	
0. Registered	agent's acceptance:	بمامد			l
esignated in th	med as registered agent and to accept service of process for the above stat is application, I hereby accept the appointment as registered agent and ag	ree to	o act in	this ca	pacity.
irther agree to	comply with the provisions of all statutes relative to the proper and comply	lete n	erform	ance oj	my
ittes, and I an	familiar with and accept the obligations of my position as registered ager	17.			
	$()$ \wedge \wedge \wedge				
	Jacker Lipers on behalf of Incorp Service (Registered agent's signature)		Ε		
	municipal on behalf of Incorp service	<u>S, -</u>	TUCO		
	(Registered agent's signature)				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIF	RECTORS			
Chairma	Troy McDowell			
Address	204 SW 21st Ter			
	Cape Coral, FL 33991			
Vice Ch	Kimberly McDowell			
Address	204 SW 21st Ter.	**************************************	***************************************	
riddi C35	Cape Coral, FL 33991			
Director	Veronica Stuart			
Address	1820 Columbine Cir.			
71001035	Andover, KS 67002			
Director	Cherise Brown			
Address:	8118 W Cornelison Cir.			
	Wichita, KS 67212			
B. OF	FICERS			
Presiden	t: Troy McDowell	TA _S	20	
Address:	204 SW 21st Ter	CRE	<u> </u>	
71441030.	Cape Coral, FL 33991	ASS	- JE 2	
Vice Pre	Kimberly McDowell	E S		n
Address:	204 SW 21st Ter.	L STA	:: 당	C
	Cape Coral, FL 33991	A CE	S	
Secretary	Judy Moody			
Address:	525 N Pine Grove, Wichita, KS 67212			
Treasure	Troy McDowell			
Address:	204 SW 21st Ter. Cape Coral, FL 33991			
	If necessary, you may attach an addendum to the application listing additional officers a			
14Tro	y McDowell, President	····/		
	(Typed or printed name and capacity of person signing application)			_

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7718828

Entity Name: MIRACLE MAKERS INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office: 525 N Pine Grove, WICHITA, KS 67212

was filed in this office on March 27, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 02, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 689866 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.