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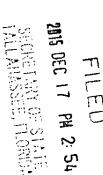
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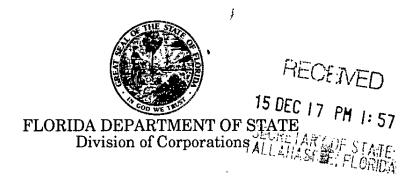


Cultoss TV

N. Cuillgan

COVER LETTER

TO:	Registration S Division of C				
CIID	MIRACU	LOUS FOUNDATION,INC			
SUBJ	ECT:	Name of Corporati	on – must in	clude suffix	
Dear S	Sir or Madam:				
Affair	s in Florida", "C	ation by Foreign Not for Profi ertificate of Existence", or "C renced not for profit corporat	Certificate of	Status" and che	eck are submitted to
Please	return all corre	spondence concerning this ma	atter to the fo	ollowing:	
		Nama	of Person		
	LATIA	WHITE	or Leizon		
			Company		
	MIRA	CULOUS FOUNDATION,INC			·
	8921 E	SISMARCK PALM RD.			
		Ad	dress		
	KISSII	MMEE, FL 34747			
		City/State a	and Zip Code	;	
	miracul	ousfoundation.inc@gmail.com			
	E-	mail address: (to be used for	future annua	l report notifica	tion)
For fu	rther informatio	n concerning this matter, plea	ase call:		
LAT	IA WHITE	at ((443	366-7531	
	Name	of Person	Area Code	Daytime Tel	ephone Number
	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle
Enclo	sed is a check fo	or the following amount:			
□ \$7	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



December 1, 2015

LATIA WHITE 8921 BISMARCK PALM ROAD KISSIMMEE, FL 34747

SUBJECT: MIRACULOUS FOUNDATION, INCORPORATED

Ref. Number: W15000077636

We have received your document for MIRACULOUS FOUNDATION, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return 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) 245-6051.

Neysa Culligan Regulatory Specialist II

. . . .

Letter Number: 715A00025165

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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:

(If name unava	illable in Florida, enter alternate corp	porate name adopted for the purpose of transacting business in Florida)
MARYLAND)	
		rporated) (FEI number, if applicable)
APRIL 4, 201.	3	5(Date of duration, if other than perpetual)
1)	Date of Incorporation)	(Date of duration, if other than perpetual)
(Date first cond	ucted affairs in Florida if prior to regi	tration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
•	RCK PALM RD. KISSIMMEE, FL	·
. ————		(Principal office address)
Our Mis	•	ent mailing address, it different) In the quality of life for families with children. Amilies in need of resources. ie) diapers cribs,
. Name and str	SION IS TO help IMPROVED ASSIST TO ASSIST THE ASSIST THE ASSIST THE ASSIST TO ASSIST THE A	amilies in need of resources. ie) diapers cribs, or country to be carried out in the state of Florida) housing assistant agent: (P.O. Box NOT acceptable)
Name and <u>str</u> Name:	SION IS TO help IMPROVED ASSIST TO ASSIST	amilies in need of resources. ie) diapers cribs, or country to be carried out in the state of Florida) housing assistant agent: (P.O. Box NOT acceptable)
Name and str	SION IS TO help IMPROVED ASSIST TO ASSIST THE ASSIST THE ASSIST THE ASSIST TO ASSIST THE A	amilies in need of resources. ie) diapers cribs, or country to be carried out in the state of Florida) housing assistant agent: (P.O. Box NOT acceptable)
Name and str	SION IS TO help Improve SION IS TO help Improve PDSc IS TO ASSIST To corporation authorized in home state eet address of Florida registered LATIA WHITE 8921 BISMARCK PALM RD.	c the quality of life for families with Children. Amilies in need of resources. ie) diapers cribs, or country to be carried out in the state of Florida) housing assistant agent: (P.O. Box NOT acceptable) ———————————————————————————————————
. Name and <u>str</u> Name: Office Address:	SION IS TO help Improve the province of the pr	c the quality of life for families With Children amilies in need of resources. ie) diapers cribs or country to be carried out in the state of Florida) housing assistances: (P.O. Box NOT acceptable)

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

LATIA WHITE, DIRECTOR/PRESIDENT

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
LATIA WHITE	
Director: 8921 BISMARCK PALM RD.	
Address: KISSIMMEE, FL 34747	
Director:	
Address:	
B. OFFICERS LATIA WHITE President:	
8921 BISMARCK PALM RD. Address:	SILCI VALLE
KISSIMMEE, FL 34747	
Vice President:	Ø\$ →
Address:	
Secretary:	
Address:	
DAVON WHITE Treasurer:	
8921 BISMARCK PALM RD. KISSIMMEE, FL 34747 Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition to the application to the application and the application addition to the application and the application addition to the application and the application addition to the application and the application and the application addition to the application addition to the application and the application addition addition and the application additional addi	

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MIRACULOUS FOUNDATION, INC., INCORPORATED APRIL 04, 2013, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 20, 2015.

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097