

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

Phone : (800)345-4647

Fax Number : (800) 432-3622

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

Email Address:

ö

## FOREIGN PROFIT/NONPROF®T CORPORATION MIRACULUM, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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### **FAX TRANSMITTAL**

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Name: Kim Tadlock

Email:

ktadlock@capitolservices.com

Fax No:

800-432-3622 Voice No: 855-498-5500

Subject:

Capitol Services, Inc. 515 E Park Ave, 2nd Floor Tallahassee, FL 32301

# COVER LETTER

| TO: Registration Section Division of Corporations   |  |                |
|---|--|----------------|
| SUBJECT: Miraculum, Inc.  |  |                |
|   | ation - must include suffix  |                |
| Dear Sir or Madam:  | •  |                |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but | Standing" and check are submitted to register  | orida,"<br>the |
| Please return all correspondence concerning this m  | satter to the following:   |                |
| Wally Kelm  |  |                |
| Name  | e of Person  |                |
| Miraculum, Inc.   |  |                |
| Firm/   | Company  |                |
| 4515 Metric Drive, Suite 2  | 2-   | - S            |
| A   | Address ,  | S:P -1         |
| Winter Park, FL 32792   | S [  | <u></u>        |
| City/Str  | ste and Zip code   |                |
| w.kelm@miraculumfire.com  | sed for future annual report notification)   | <u> </u>       |
| E-mail adoress: (to be ti   | sed for future annual report notification)   |                |
| For further information concerning this matter, ple   | ase call:  |                |
| Wally Kelm  | , 815-4700   |                |
| Name of Person Area   | Code Daytime Telephone Number  | _              |
|   |  |                |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                |
| Enclosed is a check for the following amount:   |  |                |
| ■ \$70.00 Filing Fee  | □ \$78. 5 Filing Fee & □ \$87.50 Filing Certificate Certified Copy Certified C                     | of Status &    |

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

|  | corporation; must include "INCORPOR/<br>corp," "Inc," "Co," or "Corp.")  | ated," "company," "corporation,"  | •   |
|--|--|---|---|
| ш., со., с   | огр, пк., со, от согр. у   |   |   |
|  |  |   |   |
| (If name unavail   | able in Florida, enter alternate corporate   | name adopted for the purpose of transacting   | business in Florida)                                    |
| Delaware   |  | 3.  |   |
|  | ry under the law of which it is incorpora-   | ted) (FEI number, if appl   | icable)   |
| July 25, 2017  |  | 5   |   |
| (Date  | of incorporation)  |   |   |
| ó  |  |   |   |
|  | (Date first transacted bus<br>(SEE SECTIONS 607.1501 &   | siness in Florida, if prior to registration)<br>: 607.1502, F.S., to determine penalty liability  | ·)  |
| . 4515 Metric Driv   | re, Suite 2, Winter Park, Florida 32792  |   | ,   |
| .4313 Wedle Birt   | <del></del>  | (Principal office address)  | <del></del>   |
|  |  | •   |   |
|  | (Curren  | t mailing address, if different)  | 25.   |
|  |  |   |   |
|  | et address of Florida registered agen  | t: (P.O. Box <u>NOT</u> acceptable)   | <u> </u>  |
| 8. Name and stre   |  |   |   |
| I. Name and <u>stre</u><br>Name:   | Wally Kelm   |   |   |
| Name:  |  | <del></del>   | 60<br>7. 60<br>7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 |
| Name:  | Wally Kelm 4515 Metric Drive, Suite 2  | <del></del>   | 8.45<br>1.0210  |
| Name:  | 4515 Metric Drive, Suite 2 Winter Park   | , Florida <u>32792</u>  | 1 <b>8: 4:</b>  |
| Name:  | 4515 Metric Drive, Suite 2   | , Florida 32792<br>(Zip code)   | 2 4.5<br>Lonios   |
| Name:<br>Office Address:   | 4515 Metric Drive, Suite 2 Winter Park   | , Florida 32792<br>(Zip code)   |   |
| Name:  Office Address:  Office Address:  | 4515 Metric Drive, Suite 2  Winter Park  (City)  ent's acceptance: sed as registered agent and to acceptance.  | (Zip code)   *** service of process for the above stated  | corporation at the pla                                  |
| Name: Office Address: Office A | 4515 Metric Drive, Suite 2  Winter Park  (City)  ent's acceptance: ned as registered agent and to accept application, I hereby accept the ap   | (Zip code)  The service of process for the above stated pointment as registered agent and agree   | corporation at the plant to act in this capacity        |
| Name: Office Address:   | 4515 Metric Drive, Suite 2  Winter Park  (City)  ent's acceptance: and as registered agent and to accept application, I hereby accept the appropriate with the provisions of all states. | (Zip code)   *** service of process for the above stated  | corporation at the plant to act in this capacity        |
| Name:  Office Address:  O. Registered ag  Having been nam  designated in this  further agree to c  | 4515 Metric Drive, Suite 2  Winter Park  (City)  ent's acceptance: and as registered agent and to accept application, I hereby accept the appropriate with the provisions of all states. | (Zip code)  of service of process for the above stated oppointment as registered agent and agree that relative to the proper and complete | corporation at the plant to act in this capacity        |
| Name: Office Address:   | 4515 Metric Drive, Suite 2  Winter Park  (City)  ent's acceptance: and as registered agent and to accept application, I hereby accept the appropriate with the provisions of all states. | (Zip code)  of service of process for the above stated oppointment as registered agent and agree that relative to the proper and complete | corporation at the plant to act in this capacity        |

10. 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.

11. Names and business addresses of officers and/or directors:

| A. DIKE   | CIURS   |                  |  |  |  |
|---|---|------------------|--|--|--|
| Chairman:   | Dr. Ann-Christine Langsclius  |                  |  |  |  |
| Address:  | 4515 Metric Drive, Suite 2  |                  |  |  |  |
| <u>v</u>  | Winter Park, FL 32792   |                  |  |  |  |
| Vice Chain  | man:  |                  |  |  |  |
| Address: _  |   |                  |  |  |  |
|   |   |                  |  |  |  |
| Director:   | Wally Keim  |                  |  |  |  |
| Address: _  | 4515 Metric Drive, Suite 2  | 111111 <u>-</u>  |  |  |  |
| <u>,</u>  | Winter Park, FL 32792   |                  |  |  |  |
| Director:   | Henrik Fucile   |                  |  |  |  |
| Address:  | 4515 Metric Drive, Suite 2  | <u> </u>         |  |  |  |
| -   | Winter Park, CL 32792   | SE               |  |  |  |
| B. OFFI   | CERS  | 188 - 1          |  |  |  |
| President:  | Picase see attached addendum.   | (H) <sub>C</sub> |  |  |  |
| Address: _  |   | - C              |  |  |  |
| -   |   | 10 F             |  |  |  |
| Vice Presid   | dent:   |                  |  |  |  |
| Address: _  |   |                  |  |  |  |
| _   |   |                  |  |  |  |
| Secretary:  |   |                  |  |  |  |
| Address: _  |   |                  |  |  |  |
| Treasurer:  |   |                  |  |  |  |
| Address: _  |   |                  |  |  |  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |   |                  |  |  |  |
| 12  | Wally teelm   |                  |  |  |  |
| The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |   |                  |  |  |  |
| 13. Wally   | 13. Wally Kelm, Secretary and Controller/Corporate Governance Officer  (Typed or printed name and capacity of person signing application) |                  |  |  |  |

#### Addendum to 11.B.

#### **B. OFFICERS**

Chief Executive Officer and President: Dr. Ann-Christine Langselius

4515 Metric Drive, Suite 2 Winter Park, FL 32792

Secretary and Controller/Corporate Governance: Mr. Wally Keim

4515 Metric Drive, Suite 2 Winter Park, FL 32792

Vice President of Production and Quality Control: Mr. Henrik Facile

9515 Metric Drive, Suite 2 Winter Park, FL 32792

Interim Chief Marketing Officer: Mr. Greg Carson

4515 Metric Drive, Suite 2 Winter Park, FL 32792

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ATT STRASSFELT TORION

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MIRACULUM, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIRACULUM, INC."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6489857 8300
SR# 20175981726
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203153947

Date: 08-31-17