# F20000004047

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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### **COVER LETTER**

TO: R	egistration Section				
D	Pivision of Corporations				
	MIRACLE DEVS, INC.				
SUBJEC					
	Name	of corporation - i	must include suffix		
Dear Sir o	or Madam:				
"Certifica	osed "Application by Foreign Co ate of Existence," or "Certificate berenced foreign corporation to t	of Good Standi	ng" and check are sub		
Please ret Jennifer C	urn all correspondence concern fornejo	ing this matter to	the following:		
		Name of Pe	rson		
MyUSAC	orporation.com	, wille of the			
		Firm/Compa	ny		
1 Radisson	n Plaza, Suite 800				
	· #-	Address			
New Roch	nelle, New York, 10801				
		City/State and	Zip code		<del></del>
info@myt	isacorporation.com				
	E-mail address	s: (to be used for	future annual report r	notification)	
For furthe	er information concerning this n	natter inlease call			
ror rarene	ir mormadon concerning this in	intter, prease can	•		20
Anthony M	Morales	877 at ( )	330-2677		79 /
	Name of Person	Area Code	Daytime Telep	hone Number	2029 / ''' 3   All 9:
S	TREET/COURIER ADDRES	S:	MAILING A	DDRESS:	<b>2</b>
Registration Section		Registration Section			
	vivision of Corporations		Division of Corporations		
	he Centre of Tallahassee				07
	415 N. Monroe Street, Suite 810 allahassee, FL 32303	)	Tallahassee, F	L 32314	
Enclosed	is a check for the following ame	ount:			
	te check payable to: FLORIDA D		F STATE		
	Filing Fee 💢 \$78.75 Filin		78.75 Filing Fee &	☐ \$87.50 Filin	g Fee,
	Certificate of		Certified Copy	Certificate of	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.

, MIRACLE DEVS		22.0	
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
	- ,		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Fle	ında)
TEXAS	2	N/A	
	y under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
08/10/2016			
	of incorporation)	(Date of duration, if other than perpetual)	
·		n Florida, it prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)	
2028 E BEN WHI	TE BLVD, #240-1254, AUSTIN, TX 78741		<u> </u>
	(Principal offi	ce street address)	
			787
	(Current mailir	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.C	J. Box NO1 acceptable)	<u> </u>
Name:	INCORP SERVICES, INC.	<u></u>	=
ffice Address:	17888 67TH COURT NORTH		-
mee madiess.		<del></del>	2020 f. 31 mil 2 :-
	LOXAHATCHEE	, Florida <u>33470</u> (Zip code)	-
	(City)	(Zip code)	
Registered ago	ent's acceptance:		
laving been nam	ed as registered agent and to accept servi	ce of process for the above stated corporation a	t the pl
signated in this	application, I hereby accept the appointn	nent as registered agent and agree to act in this	canaci
iriner agree to co nd Lam familiar	omply with the provisions of all statutes r with and accepythe obligations of my po	elative to the proper and complete performance	of my
	I I I I I I I I I I I I I I I I I I I	snon us registereu ugent.	
-	(Registered agent's si	gnature)	
	, ,	<del>-</del>	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Chairman	Name: NICOLAS BADANO	□ Chairman	Name:	· · · · · · · · · · · · · · · · · · ·	
□Vice Chairman	Address: 8345 NW 66 ST, #B7453	□Vice Chairman	Address:		
Director	MIAMI, FL, 33166	Director		-	_
<b>■</b> President		□President	-		
■Vice President		□Vice President			
■ Secretary	Treasurer	□ Secretary		□Treasurer	
□Other	Other	Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	<del></del>	<del></del>	
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·	
□ Secretary	□ Treusurer	□ Secretary		□Treasurer	
□Other	□Other	□Other	<del></del>	Other	<del></del> ,
□Chairman	Name:	□Chairman	Name:	<u> </u>	_22_
∃Vice Chairman	Address;	□Vice Chairman	Address:		20 
Director		□Director			్ర ట
]]President		□President			
∃Vice President		□Vice President	<del></del>		=: 
☐ Secretary	☐Treasurer	☐ Secretary		☐ Freasurer	1: 07
□Other	\ \ \	□Other		□Other	
mportant Notice: Individuals may be	ise an attachment to report more than six (6) The sadded to the undex when filing your Florida Dep	partment of State Annual Re	l for reporting port form,	purposes only. Non	-indexed
- <del> </del>	" Signature of thir	ector or Officer			

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

13. NICOLAS BADANO, PRESIDENT

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Miracle Devs, Inc. (file number 802524217), a Domestic For-Profit Corporation, was filed in this office on August 10, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2020

HIE OF SEXAS

Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 992630780002