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PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
		
(Doc	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filing	g Officer;	
W23000165 S	555	

Office Use Only



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December 12, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: TAMPATX INC Ref. Number: W23000165555

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Corey Pettway Regulatory Specialist II

Letter Number: 623A00028322

www.sunbiz.org

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:____

ГатраТх. Inc BUSINESS	Document #
200200	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DireChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	X Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other

COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJ	ECT: TampaTx Inc			
		Name of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence," or	Foreign Corporation for "Certificate of Good Stan poration to transact busine	ding" and check are sub	et Business in Florida," mitted to register the
Please	return all corresponder	nce concerning this matter	to the following:	
Edwar	d Naro			
		Name of	Person	
Miracl	e Method			
		Firm/Com	pany	
5825 H	Patton St.			
		Addre	ess	
Corpu	s Christi, TX 78414			
-		City/State a	nd Zip code	
enaro(miraclemethod.com			
	E-	mail address: (to be used f	or future annual report r	notification)
For fu	orther information conce	erning this matter, please o	call:	
Eric S	tacy	at (⁶¹⁵	995-2348	
	Name of Person	Area Cod	e Daytime Telep	hone Number
	STREET/COURIED Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	ions assee et, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Please	• •	FLORIDA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1.	TampaTx Inc			
•	(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	21
	Miracle Method	of Tampa East		
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
2.	Texas	3.	93-4686588	
	(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
4.	12/04/2023	5.		
	(Date	of incorporation)	(Date of duration, if other th	an perpetual)
6.				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability	
_	5909 Breckenridg	ge Pkwy Suite G, Tampa, FL 33610	502, 1.5., to determine penalty hability	SECONOMICS OF THE SECONOMICS O
7.		· · · · · · · · · · · · · · · · · · ·	ice street address)	구를 무그!
	5825 Patton St., 0	Corpus Christi, TX 78414	ice street address;	23 -
	· · · · · · · · · · · · · · · · · · ·	(Current maili	ng address, if different)	1000 H
8.	Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	9: 02 57ATE
	Name:	InCorp Services, Inc.	· · · · · ·	Let
О	ffice Address:	3458 Lakeshore Drive		
		Tallahassee	, Florida 32312	
		(City)	(Zip code)	

9. Registered agent's acceptance:

OTHER BOOK

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joanna Fernandez on behalf of InCorp Services, Inc.

(Registered agent's signature)

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]:

A. DIRECTORS	<i>,</i>		
□Chairman	Name:	Chairman	Name: Eric Stacy
□Vice Chairman	Address: 5825 Patton St.	□Vice Chairman	Address: 306 Alden Cove
Director	Corpus Christi, TX 78414	mn' .	Smyrna, TN 37167
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	
□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	
□Vice President		_ Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). Added to the index when filing your Florida I	The attachment will be image Department of State Annual Re	d for reporting purposes only. Non-indexed sport form.
12. Lihan	1114		
The officer or direction she is aware that fas.817.155, F.S.		Director or Officer n number 11 above) affirms the Department of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in

13. Edward Naro - President

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



Jane Nelson Secretary of State

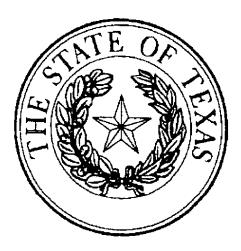
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that TampaTx inc, a Domestic For-Profit Corporation (file number 805326573) has filed the following assumed name certificate(s) with this office:

Assumed Name Filed Status
Miracle Method of Tampa East December 05, 2023 Active

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 December 05, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Helson

Jane Nelson Secretary of State