

L04000092788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

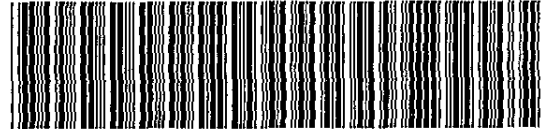
(Business Entity Name)

(Document Number)

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2005 JAN 18 AM 9:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

05 JAN 18 PM 3:10

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JAN 19 2005

CORPDIRECT AGENTS, INC. (formerly CCRS)  
163 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 1/18/05

REF. #: 01197.33899

CORP. NAME: MIRACLES INVESTMENTS, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION  |   |  |
| <input checked="" type="checkbox"/> OTHER: CORRECTION |   |  |

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TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 511078 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Miracles Investments, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Incorrect statement -- J. Michael Jones, Manager

Correct statement -- JMJ Masterpiece Properties, LLC, Managing Member.

8415 Thomas Drive

Panama City Beach, Florida 32408

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: January 18, 2005

Catherine S. Hester  
Signature of a member or authorized representative of a member

Catherine S. Hester

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L04000092788  
FILED 8:00 AM  
December 22, 2004  
Sec. Of State  
dcushing

**Article I**

The name of the Limited Liability Company is:

MIRACLES INVESTMENTS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6415 THOMAS DRIVE  
PANAMA CITY BEACH, FL. 32408

The mailing address of the Limited Liability Company is:

6415 THOMAS DRIVE  
PANAMA CITY BEACH, FL. 32408

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

**Article IV**

The name and Florida street address of the registered agent is:

HARRISON RIVARD ZIMMERMAN & BENNETT, CHTD  
101 HARRISON AVENUE  
PANAMA CITY, FL. 32401

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NEVIN J. ZIMMERMAN

### Article V

The name and address of managing members/managers are:

Title: MGR  
J. MICHAEL JONES  
6415 THOMAS DRIVE  
PANAMA CITY BEACH, FL. 32408

Signature of member or an authorized representative of a member

Signature: NEVIN J. ZIMMERMAN

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December 22, 2004  
Sec. Of State  
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