

NO6000006091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

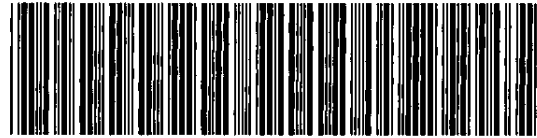
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/06--01036--031 **105.00

FILED
06 JUN - 1 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Miracle Health Center, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Elizabeth Francis
Name (Printed or typed)

2529 Kingsland Ave
Address

Orlando FL 32808
City, State & Zip

407-290-9230
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Miracle Health Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2529 Kingsland Ave
Orlando, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I am open as a None-Profit because the basic of our mission can me more broadly perform as a none-Profit Corp. We will then apply for our 501-(c) (3) according with the IRS, Tax, laws and Codes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Terry Johnson
1120 MEADOW LAKE WAY #104
Winter Spring, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Francis
2529 Kingsland Ave
Orlando, FL 32808

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, I, the undersigned, do hereby accept as registered agent and agree to act in this capacity.

Signature/Registered Agent

Elizabeth Francis

5/24/06

FILED
JUN -1 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**MIRACLE HEALTH CENTER, INC
2529 KINGSLAND AVENUE
ORLANDO, FL 32808
407-290-9230
407-290-9639**

May 29, 2006

To: Department of Corporations

I Elizabeth Francis, President and CEO of Miracle Health Center, Inc. request to dissolve the current For Profit Corporation and I have no intent of Revoking the dissolution the For Profit Corporation of Miracle Health Center, Inc. As of the date of incorporation with the State of Florida, I will be doing all business under the new Non-Profit Corp as Miracle Health Center, Inc.

I am requesting my name Miracle Health Center, Inc. for the none -Profit Corp. for which I am applying.

I am open as a None-Profit because the basic of our mission can me more broadly perform as a none-Profit Corp. We will then apply for our 501-(c) (3) according with the IRS, Tax, laws and Codes.

If you have any questions, please feel free to contact me at the number above.

Respectfully,

**Elizabeth Francis
President/CEO**

