

NO9000008118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

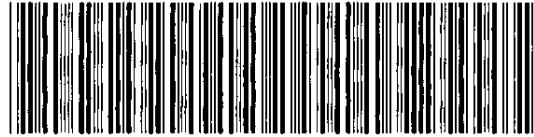
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 AUG 19 AM 11:08
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 AUG 19 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight AUG 19 2009

COVER LETTER

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

SUBJECT: M & E Miracle 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: Erica A. Stokes
Name (Printed or typed)

445 Appleyard Drive # C23
Address

Tallahassee, Florida 32304
City, State & Zip

850-345-9136
Daytime Telephone number

Erica.Stokes@marriott.com
E-mail address: (to be used for future annual report notification)

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:

M & E Miracle Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

445 Appleyard Drive #C23 Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non Profit Tutor Center for Latchkey children
After School Program.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As Stated in the by laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

P. Erica A. Stokes 445 Appleyard Drive #C23
V.P maria A. Edmonds 818 millard St. Tallahassee, Florida 32304

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

445 Appleyard Drive #C23 Erica A. Stokes
Tallahassee, Florida 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Erica A. Stokes
445 Appleyard Drive #C23 Tallahassee, Florida 32304

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Erica A. Stokes
Signature/Registered Agent

08/19/09
Date

Eric A Stokes
Signature/Incorporator

08/19/09
Date

FILED
09 AUG 19 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA