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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE. ELORIDA

COVER LETTER

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

SUBJECT: MIRACLES INTERNATIONAL ORGANZATION				
Enclosed is an original and one (1) copy of the Certificat	te of Domestication and a check for:			
FEES:				
Certificate of Domestication	\$50.00			
Articles of Incorporation and Certified Copy \$78.75				
Total to domesticate and file	\$128.75			
OPTIONAL:				
Certificate of Status	\$ 8.75			
ALBERTINA E				
Name (printed of	Name (printed or typed)			
117 HENTHORNE DR.				
Address				
WEST PALM BEACH, FL. 33463				
City, State & Zip				
(561) 670-0127 (561) 429- 2593				
Daytime Telephone Number				
AMIRACLESNOW@AOL.COM				
E-mail address: (to be used for future annual report notification)				

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

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•			28 4 (
	NOT FOR PROF		Chillian Maria
	CERTIFICATE OF DOME	STICATION	ALCONOMIC TO
The undersigned,	ALBERTINA BYNUM	, EXECUTIVE D	IRECTOR .
	(Name) LES INTERNATIONAL ORGANIZA	•	itle)
I IVIINAC	(Corporation Name)	a fore	eign Corporation
n accordance with se	ction 617.1803, Florida Statutes, does h	ereby certify:	
. The date on which	n corporation was first formed was	JUNE 3	,1985
The inviediation of	there the chara named compaction was	Guat forward in company	tad an athemytica
-	here the above named corporation was	птялютней, псогрога	cu, or ouicrwise
•	was CHICAGO, IL.		•
	orporation immediately prior to the filia		Domestication
was MIRACLES	INTERNATIONAL ORGANIZATION	<u> </u>	
. The name of the c	orporation, as set forth in its articles of	incorporation, to be file	ed pursuant to
s. 617.01201 and	617.0202 with this certificate is MIRA	CLES INTERNATION	AL ORG.
. The jurisdiction th	nat constituted the seat, siege social, or p	orincipal place of busin	ess or central
	the corporation, or any other equivalent		icable law,
	re the filing of the Certificate of Domest ERNATIONAL ORGANIZATION	tication was	
 Attached are Flori to s. 617.1803. 	da articles of incorporation to complete	the domestication requ	irements pursuant
10 5. 017.1005.			
am <u>EX. DIRECTO</u>	OR_, ofMIRACLES INTERI	NATIONAL ORGANIZ	ZATION
nd am authorized to	sign this Certificate of Domestication of	n behalf of the corporat	ion and have done
this the 20 day	of JANUARY		<u>2010</u> .
<u>-</u>	albertina By	pen	
	(Authorized Signatur	e)	
	Rainen Rai		
, C	Filing Fee: ertificate of Domestication	\$50.00	
_	rticles of Incorporation and Certified	* :	

\$128.75

Total to domesticate and file

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTIČLE I NAME

The name of the corporation shall be:

MIRACLES INTERNATIONAL ORGANIZATION I

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be: 117 HENTHORNE DR. WEST PALM BEACH, FL. 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized:
TO PROVIDE COMMUNITUY SERVICES, INFORMATION AND REFERRAL, EMERGENCY
HOUSING, COUNSELORING, AND OTHER SERVICES FOR ECONOMICALLY DISADVANTAGE
AND NEEDY FAMILIES AND YOUTHS. TO DISPERSE ANY SERVICES DEEMED NECESSARY TO
HELP COMMUNTIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: BYLAWS

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):
ALBERTINA BYNUM 117 HENTHORNE DR, WEST PALM BEACH, FL. 33463
ELVERT DIXON 2103 MARK TRAILS, DECATUR, GA. 30032
ANGLE BYNUM 117 HENTHORNE DR., WEST PALM BEACH, FL. 3346

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: ALBERTINA BYNUM 117 HENTHORNE DR. WEST PALM BEACH, FL. 33463

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the incorporator is:

ALBERTINA BYNUM 117 HENTHORNE DR. WEST PALM BEACH, FL.33463

**********	********
Having been named as registered agent and to accept service of process fo	r the above stated corporation at the place designate
in this certificate, I am familiar with and accept the appointment as register	ed agent and agree to act in this capacity.
alleitena Benn	01/20/10
Signature/Registered Agent	Date
Mortins Mu	01/20/10
Signature/Incorporator	Date