

N200000011766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

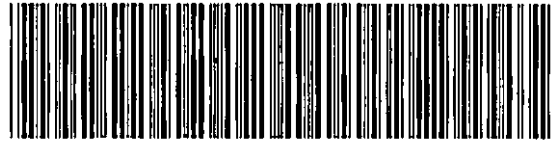
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## COVER LETTER

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

**SUBJECT:** MIRACLE CARE 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:** Judeen Parkes  
\_\_\_\_\_  
Name (Printed or typed)

8034 Equitation Ct  
\_\_\_\_\_  
Address

Orlando, Florida 32818  
\_\_\_\_\_  
City, State & Zip

407-437-8776  
\_\_\_\_\_  
Daytime Telephone number

Rosejp789@yahoo.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: MIRACLE CARE FL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1865 Fairlane Dr.

Titusville, Florida 32780

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MIRACLE CARE, INC. IS ORGANIZED EXCLUSIVELY FOR  
CHARITABLE AND EDUCATIONAL PUPOSES, INCLUDING FOR SUCH PURPOSES, THE MAKING OF  
DISTRIBUTIONS TO ORGANIZATIONS AS EXEMPT ORGANIZATIONS UNDER SECTION 501 (3) (C) OF THE  
INTERNAL REVENUE SERVICE CODE.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As in the Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrea Williams, President

Address: 1865 Fairlane Dr.  
Titusville, Florida 32780

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Erica McKee, Treasurer

Address: 2929 Little John Rd  
Millington, TN 38053

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Kimberly Williams, Secretary

Address: 8218 Rockcreek Place 5  
Cardova, TN, 38016

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Judeen Parkes

Address: 8034 Equitation Ct

Orlando, Florida 32818

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Judeen Parkes

Address: 8034 Equitation CT

Orlando, Florida 32818

**ARTICLE VIII EFFECTIVE DATE:** 9/30/2020

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

J. Parkes  
Required Signature of Registered Agent

9/1/2020  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

J. Parkes  
Required Signature of Incorporator

9/1/2020  
Date

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