

N98000004925

TRANSMITTAL LETTER

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

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-08/17/98--01094--010
****131.25 ****131.25

SUBJECT: HEAVENLY MIRACLES, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Carol Fairchild
Name (printed or typed)
5008 S.W. 21st St.
Address
Hollywood, FL 33023
City, State & Zip

Daytime Telephone number

FILED
98 AUG 26 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~11/18/1993~~
Dmc
8/19/98
624

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 19, 1998

CAROL FAIRCHILD
5008 SW 21ST STREET
HOLLYWOOD, FL 33023

SUBJECT: HEAVENLY MIRACLES, INC.
Ref. Number: W98000018933

We have received your document for HEAVENLY MIRACLES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please give us an original signature of the incorporator.

Bylaws are not filed with this office. Please retain them for your records.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 298A00043009

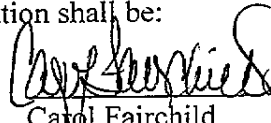
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION
OF
HEAVENLY MIRACLES, INC.**

- ONE:** The name and address of this principal corporation is Heavenly Miracles, Inc. 5008 S.W. 21st Street, Hollywood, Florida 33023 County. The corporation is organized pursuant to the **FLORIDA** Nonprofit Corporation Code.
- TWO:** This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for, charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Affordable Communities, Job Training, Job Placement, Land Acquisition, housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.
- THREE:** The duration of this corporation shall be perpetual, no stock and shall have no members.
- FOUR:** The address of the Registered office is 5008 S.W. 21st Street, Hollywood, Florida 33023, and the name and address of the registered agent of the registered agent of the corporation shall be:

 (Signature)
Carol Fairchild
5008 S.W. 21st St.
Hollywood, FL 33023

- FIVE:**
- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

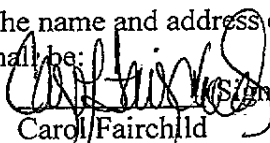
SIX: The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Carol Fairchild President	5008 S.W. 21 st St. Hollywood, FL 33023
Mamie Lee Secretary	Same
Johnny McDaniel Treasurer	Same

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE: Executed on August 10, 1998. The name and address of the incorporator of this corporation shall be:


(Signature)
Carol Fairchild
5008 S.W. 21st St.
Hollywood, FL 33023

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
98 AUG 26 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 The name of the corporation is: HEAVENLY MIRACLES, INC.

2 The name and address of the registered agent and office is:

Carol Fairchild

(NAME)

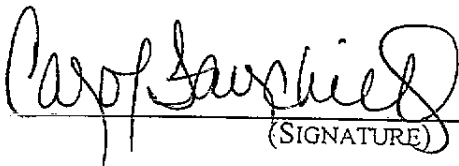
5008 S.W. 21st St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hollywood, FL 33023

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(SIGNATURE)

8/10/98.
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314