

P000000000/6/36

TRANSMITTAL LETTER

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

800003139228--7
-02/18/00--01026--001
*****78.75 *****78.75

SUBJECT: Miraculous Living, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Shoni Labowitz
Name (Printed or typed)

11450 S.W. 16th St.
Address

Davie, FLA 33325
City, State & Zip

FAX - 954-472-6553
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 15 PM 3:36

FILED

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

RN
KB 2/15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Miraculous Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

11450 S.W. 16th Street
Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

P. Shoni Labowitz President
11450 S.W. 16th Street
Davie, FL 33325

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

P. Shoni Labowitz
11450 S.W. 16th Street
Davie, FL 33325

ARTICLE VII INCORPORATOR

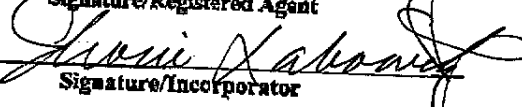
The name and address of the Incorporator are:

P. Shoni Labowitz
11450 S.W. 16th Street
Davie, FL 33325

FILED
00 FEB 15 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/Registered Agent


Signature/Incorporator


Date


Date