## 0022048 TRANSMITTAL LETTER

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

MiracleMile.Com INC
(Proposed corporate name - must include suffix)
(Proposed corporate name - must include suffix) \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Filing Fee, & Certified Copy

Certified Copy & Certificate of

Status

\$87.50

ADDITIONAL COPY REQUIRED

FROM: HENRY ALVARIDO
Name (Printed or typed)

P.O. Box 348431

CORAL GABLES, FL 33234

(305) 443-0915 Daytime Telephone number

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

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 6	521, F.S. (Profit)
ARTICLE I NAME	00
The name of the corporation shall be:	00 FEB 25 AM 9: 35
Miracle Mile. com	NC TELLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	<u>⊈</u>
The principal place of business/mailing address is:	
P.O. Box 348431,	CORAL GABLES, FL 33234
ARTICLE III PURPOSE	
The purpose for which the corporation is organize	ed is:
Computer Services, Namel	y, PROVIDING SEARCH ENGINE YOU
ARTICLE IV SHARES	y, Providing Search Engine for ABLES AREA, Adventinging Service.
The number of shares of stock is: 1,000	
ARTICLE V INITIAL OFFICERS.	DIRECTORS
The name(s) and address(es): HeN2y	ALVARIDO 1020 SOROllA AVE ALVARIDO CONALGABLES, FL 33134
Atilda	ALVARIDO / CONAL GABLES, FL 33134
ARTICLE VI REGISTERED AGE	NT
The name and Florida street address registered	agent are:
HENRY ALVARIDO, 110	DZO SOROLLA AVE
Co	DZO SONOILA AVE ONAL GABLES, FL 33134
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator are:	
HENRY ALVANIDO, 1	1020 SonollA AVE Conal GABLES, FL 33134
	CONAL GABLES, FL 33134
**************************************	**************************************
this certificate, I hereby accept the appointment as registered	ed agent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and con obligations of my position as registered agent.	nplete performance of my duties, and I am familiar with and accept the
the state of the position as registered agents.	 
Signature/Registered Agent	Date
the lands	
Signoture/Innormarator	The Assessment of the Control of the