TRANSMITTAL LETTER

P01000107632

APPROVED AND FILED
01 NOV -8 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Miracles - Through The Eyes Of My Child
(Proposed corporate name - must include suffix)

RECEIVED
01 NOV -8 AM 9:28
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Jill Klingerman
Name (Printed or typed)

9398 Buck Haven Trail
Address

Tallahassee, FL 32312
City, State & Zip

(850) 894-2468
Daytime Telephone number

600004672086--2
-11/08/01--01013--015
*****78.75 *****78.75

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

11/8

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:

Miracles Through the Eyes of MyChild, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9398 Buck Haven Trail
Tall, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

APPROVED AND FILED
01 NOV -8 AM 9:33
SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jill Klingerman
9398 Buck Haven Trail
Tall, FL 32312

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Jill Klingerman
9398 Buck Haven Trail
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

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

Jill Klingerman
9398 Buck Haven Trail
Tallahassee, FL 32312

****

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

Jill Klingerman
Signature/Registered Agent

11-7-01
Date

Jill Klingerman
Signature/Incorporator

11-7-01
Date