

P05000017175

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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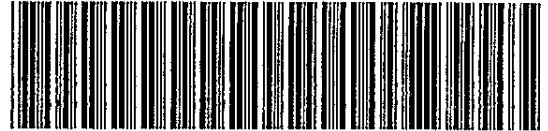
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALMADGE BUILDING  
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C.S. 2-

## TRANSMITTAL LETTER

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

SUBJECT: DS MIRACLES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DANIELLE SYLVESTER  
Name (Printed or typed)

136 NE 19TH CT. F-210  
Address

WILTON MANORS, FL 33305  
City, State & Zip

(954) 608-8218  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 20, 2005

DANIELLE SYLVESTOR  
136 NE 19TH CT., STE. F-210  
WILTON MANORS, FL 33305

SUBJECT: DS MIRACLES, INC.  
Ref. Number: W05000003204

We have received your document for DS MIRACLES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6052.

Carolyn Lewis  
Regulatory Specialist II  
New Filings Section

Letter Number: 005A00003975

RECEIVED  
05 FEB -2 PM 4:19  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

# 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:

DSMIRACLES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

136 N.E. 19TH CT. F-210  
WILTON MANORS, FL 33305

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PUBLIC RELATIONS CONSULTING FIRM

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DANIELLE SYLVESTER, PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

DANIELLE SYLVESTER  
136 NE 19TH CT. F210  
WILTON MANORS, FL 33305

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANIELLE SYLVESTER  
136 NE 19TH CT. F210  
WILTON MANORS, FL 33305

\*\*\*\*\*

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED  
05 JAN 18 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA