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10 NOV - 1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/3

COVER LETTER

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

SUBJECT: MIRACLES COLLISION CENTER 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: GRABY JEAN JULIEN
Name (Printed or typed)

6870 SW 26 COURT
Address

MIRAMAR FLORIDA 33023
City, State & Zip

786-718-3577
Daytime Telephone number

JUAUTOBODY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME MIRACLES COLLISION CENTER INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6870 SW 26 COURT
MIRAMAR FL 33023

Mailing address, if different is:
P O BOX 680454
MIAMI FLORIDA 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HELPING CUSTOMERS WITH REPAIR TO THERE VEHICLES AFTER AN ACCIDENT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRABY JEAN JULIEN/PRESIDENT
Address: 6870 SW 26 COURT
MIRAMAR FL 33023

Name and Title:
Address:

Name and Title: JANESEA WOODS/VICE PRES
Address: 6870 SW 26 COURT
MIRAMAR FL 33023

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: JANESEA WOODS
Address: 6870 SW 26 COURT
MIRAMAR FLORIDA 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GRABY JEAN JULIEN
Address: 6870 SW 26 COURT
MIRAMAR FLORIDA 33023

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]
Required Signature/Registered Agent

10/26/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

10/26/2010
Date

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