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DIVISION OF CORPORATIONS
12 MAR - 7 PM 3:55

3/5/12

COVER LETTER

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

SUBJECT: Miracle Water Bio Solutions, 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: Harry Shechter

Name (Printed or typed)

2525 Ponce De Len Blvd Suite 1040

Address

Coral Gables, Fl. 33134

City, State & Zip

305-776-8723

Daytime Telephone number

hankshechter@yahoo.com

E-mail address: (to be used for future annual report notification)

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

12 MAR - 7 PM 3: 55

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ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Miracle Water Bio Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2525 Ponce De Leon Blvd
Suite 1040
Coral Gables, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail Sales -

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Harry Shechter, PVP/T/S	Name and Title:	
Address:	2525 Ponce De Leon Blvd Suite 1040 Coral Gables, FL 33134	Address:	

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

Name: Harry Shechter
Address: 2525 Ponce De Leon Blvd, Suite 1040
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Harry Shechter
Address: 2525 Ponce De Leon Blvd, Suite 1040
Coral Gables, FL 33134

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date