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SORSHER & ASSOCIATES

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

~~SECRET~~ **MIRACLE SPIRIT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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J. FASON

FEB 19 2021

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MIRACLE SPIRIT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TATIANA STOYANOVA
Name (Printed or typed)

251 174TH ST APT 1711
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(305)812-5588
Daytime Telephone number

MIRACLESPIRIT2021@GMAIL.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 NAMEThe name of the corporation shall be: MIRACLE SPIRIT, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

251 174TH ST APT 1711251 174TH ST APT 1711SUNNY ISLES BEACH, FL 33160SUNNY ISLES BEACH, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: 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: STOYANOVA, TATIANA - P

Name and Title: _____

Address 251 174TH ST APT 1711

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: STOYANOVA, TATIANA
Address: 251 174TH ST APT 1711
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STOYANOVA, TATIANA
Address: 251 174TH ST APT 1711
SUNNY ISLES BEACH, FL 33160

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Tatiana Stoyanova
Required Signature/Registered Agent

02/18/2021

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.

Tatiana Stoyanova
Required Signature/Incorporator

02/18/2021
Date