

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**P21000265790 63633**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000265790 3)))



H210002657903ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
Phone : (305)463-6690  
Fax Number : (305)463-6693

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

Email Address: elisamatosplehles@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****Miracle In Action Center Inc**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JUL -9 PM 4:09

21 JUL -9 AM 1:25

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAS3  
7/12/21[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

**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: Miracle In Action Center Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
7890 W 16 Ave

Mailing address, if different is:

Hialeah, FL 33014**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: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Elisa Maria Matos Feble / P

Name and Title: \_\_\_\_\_

Address 7890 W 16 Ave

Address: \_\_\_\_\_

Hialeah, FL 33014

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

21 JUL -9 AM 11:25  
SECRETARY  
FALL A. MASON

FILED

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: Elisa Maria Matos Feble  
Address: 7890 W 16 Ave  
Hialeah, FL 33014

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Elisa Maria Matos Feble  
Address: 7890 W 16 Ave  
Hialeah, FL 33014

**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.

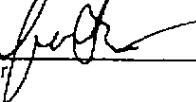
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

07/09/2021

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.*

  
Required Signature/Incorporator

07/09/2021  
Date

21 JUL -9 AM 1:25  
STATE OF FLORIDA  
HIALEAH

FILED