P230000645 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000291868 3)))



H2300029186834.906

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 | 20 |
| | Fax Number : (850)617-6381 | 2029 AUG SEGENTALLA |
| From: | | - 27 S |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | |
| | Account Number : I20000000019 | :22; N |
| | Phone : (305)552-5973 | (, |
| | Fax Number : (305)675-5944 | |
| | | ို် လ |
| **E | nter the email address for this business entity to be used for fi annual report mailings. Enter only one email address please.** | _{iture} . ப |
| | Email Address: | |

FLORIDA PROFIT/NON PROFIT CORPORATION MIRACLE CONSULTING AND DOCUMENTATION SERVICES INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

023 AUS 22 PH 4: 3'

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: | |
|---|---------|
| Miracle Consulting And Documentation Service ARTICLE II PRINCIPAL OFFICE: INC | ی |
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: 2300 SW 97 th Ave. 211 Wiami, FL. 33165 | |
| ARTICLE III SHARES: The number of shares of stock is: ARTICLE IV INITIAL DIRECTORS AND OR OFFICE US. | |
| MANIA COFFIGNY FERNANDEZ (P.) | ָי ע |
| | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS: The name and Florida street address (NO Park and STREET AUDRESS) | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| 2300 SW 97 th Ave 211. | |
| Miani, FL, 33165 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | |
| YANIA COFFIGNY FERNANDEZ | |
| 2300 SW 97+4 AVE 211 | |
| Alami, FL, 33165 | |

Required Signatures:

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

Registered Agent 08/18/2023.

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.

псопрогаю

2023 AUG 22 PH 3: 57