

# P23000009488

2/6/23, 12:01 PM

Division of Corporations

## 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.

((1123000046901 3))



H230000469013ABCZ

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 : TAX S PRO CORP  
Account Number : I20200000147  
Phone : (786)307-2733  
Fax Number : (954)420-7118

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

Email Address: INFO@TAXSPRO.COM

### FLORIDA PROFIT/NON PROFIT CORPORATION MIRACULOUS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**FILED**  
 2023 FEB -6 PM 1:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2023 FEB 06 12:56



COVER LETTER

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

SUBJECT: **MIRACULOUS CORP**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Included 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: **TAXS PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES, FLORIDA 33024**  
City, State & Zip  
**786-3072733**  
Daytime Telephone number  
**INFO@TAXSPRO.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  
The name of the corporation shall be: MIRACULOUS CORP

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 8682 NW 109 CT  
DORAL, FL 33178  
Mailing address, if different is: 8682 NW 109 CT  
DORAL, FL 33178

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:	<u>PRESIDENT</u>	<u>VICE PRESIDENT</u>
	<u>LORA ALFRID</u>	<u>GIRON TOSTA, NATHALIE</u>
Address:	<u>8682 NW 109 CT</u>	<u>8682 NW 109 CT</u>
	<u>DORAL, FL 33178</u>	<u>DORAL, FL 33178</u>
Name and Title:	_____	_____
Address:	_____	_____
Name and Title:	_____	_____
Address:	_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 FEB - 6 PM 1:30

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: TAX S PRO CORP  
 Address: 8030 PINES BLVD  
PENBROKE PINES , FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Address: TAX S PRO CORP  
8030 PINES BLVD  
PENBROKE PINES , FL 33024

**ARTICLE VIII EFFECTIVE DATE:** 02/04/2023

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: 02/04/2023  
 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.817.153, F.S.*

\_\_\_\_\_  
 Required Signature Incorporator: 02/04/2023  
 Date