

NO0000003972

TRANSMITTAL LETTER

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

100003285741--8
-06/12/00--01135--001
*****87.75 *****87.50

SUBJECT: Doreas Works of Mercy Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: WILHELMINA SCARLETT
Name (Printed or typed)

509 DOLPHIN DR.
Address

DELRAY BEACH, FL 33445
City, State & Zip

(954) 749-5836 or 561-265-2513
Daytime Telephone number

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

S. Thompson JUN 16 2000

FILED
00 JUN 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Doreas Works Of Mercy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

509 Dolphin Drive
Delray Beach, Fl. 33445

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

A Charitable Organization

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

As in bylaws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wilhelmina Scarlett
509 Dolphin DR.
Delray Beach, Fl. 33445

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Wilhelmina Scarlett
509 Dolphin DR. Delray Beh, Fl. 33445

Wilhelmina Scarlett

Signature/Incorporator

June 6, 2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wilhelmina Scarlett

Signature/Registered Agent

June 6, 2000

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA