

N 04000007654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600039179986

07/23/04--01023--012 **78.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG - 2 PM 2:53

26286-1101

11/

TRANSMITTAL LETTER

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

SUBJECT: Arms 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: Carmen Diaz
Name (Printed or typed)

3711 Redwood Dr
Address

Land O' Lakes, FL 34639
City, State & Zip

813-960-3228
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 23, 2004

CARMEN DIAN
3711 REDWOOD DR
LAND O' LAKES, FL 34639

SUBJECT: ARMS OF MERCY, INC.
Ref. Number: W04000028393

We have received your document for ARMS OF MERCY, INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 504A00046761

RECEIVED
04 AUG -2 AM 11:43
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Arms of Mercy, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -2 PM 2:53

ARTICLE II PRINCIPAL OFFICE

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

3711 Redwood Dr. Land O'Lakes, FL 34639
3711 Redwood Dr
Land O'Lakes, FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Arms of Mercy, Inc. is a non profit organization that will bring comfort to families whose lives have been tragically touched thru the loss of a loved one. Ann prepares a basket for the fruit consisting gift cert ex from Bych Garden to Restaur or grocer

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

stated in bylaws

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Carmen A. Diaz - President 3711 Redwood Dr, Land O'Lakes, FL 34639
Neftali Diaz - Vice President 3711 Redwood Dr, Land O'Lakes, FL 34639
Samuel Cerezo - PR Person / 12856 Coverdale Dr. TPA FLA 33624
Cindi Short - gift basket coordinator - 14910 W. Rome Ave TPA FLA 3361

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Carmen Diaz C.P. 3711 Redwood Dr
Land O'Lakes FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen Diaz C.D. 3711 Redwood Dr.
Land O'Lakes FL 34639

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.

Signature/Registered Agent

Date

7-19-04

Signature/Incorporator

Date

7-19-04