

N05000009988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

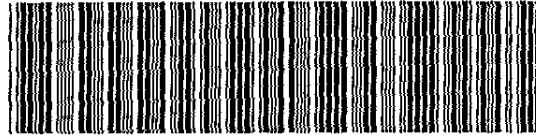
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SECRETARY OF STATE
TALLAHASSEE FL 32304

TRANSMITTAL LETTER

SUBJECT: Mercy Home Assisted Living
(Name of Corporation)

Please return all correspondence concerning this matter to the following:

Clara Lee Ferguson
(Name of Person)

Mercy Home Assisted Living
(Firm/Company)

222 Sail Boat Drive
(Address)

Nashville Tenn 37217
(City, State and Zip Code)

For further information concerning this matter, please call:

Clara Lee Ferguson at (615) 399 - 7387
(Name of Person) Area Code & Daytime Telephone Number

STREET ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 23, 2004

CLARA L. FERGUSON
222 SAILBOAT DR
NASHVILLE, TN 37217

SUBJECT: MERCY HOME ASSISTED LIVING
Ref. Number: W04000007567

We have received your document for MERCY HOME ASSISTED LIVING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

I was unable to contact you directly by telephone. CALL ME, IF YOU HAVE QUESTIONS.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 004A00012128

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Mercy Home assisted Living corporation

ARTICLE II PRINCIPAL OFFICE

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

259 Swwinter way
Lake City Florida 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The home will provide care for the elderly, we would be committed to provide excellent health care to meet their needs, physically, mentally and spiritually.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Board members were selected by a democratic process elected.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Clara L Ferguson President 222 Sailboat Dr Nashville Tenn 37207
Sharon Perry Vice President 4011 Harborview Dr Jacksonville FLA 3220
Delair E Weston Secretary 10527 S.W. State Road 47 Fort White FLA 32038
Attorney Thomas Brown Treasurer 10 North Columbia Street Lake City FLA 32056
P.O. Box 1029

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Clara L Ferguson
259 Swwinter way
Lake City Florida 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Clara L Ferguson
259 Swwinter way
Lake City FLA 32055

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.

Clara L Ferguson

Signature/Registered Agent

3-3-04

Date

Clara L Ferguson

Signature/Incorporator

3-3-04

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA