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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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9-18-07  
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**COVER LETTER**

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

SUBJECT: New Mercies 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: TINA Mae Chestnut  
Name (Printed or typed)

730 Bentley Street  
Address

Orlando, FLA. 32805  
City, State & Zip

(407) 879-4805  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

New Mercies Inc

## ARTICLE II PRINCIPAL OFFICE

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

730 Bentley Street  
Orlando, FLA. 32805

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OFFER AID TO HOMELESS through Food, Clothes and health info provided by Health Department.  
TO SERVE as a link between community based organization who furnish health resources to individuals who may be financially incapable of health benefits. To offer spiritual advice to individuals who are listed as ex-offenders. Serve as a motivational speaking non-profit organization in the correctional departments throughout Florida.  
TO OFFER Motivational seminars to homeless DRUG Addicted.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Founder. - Because of knowledge each individual possesses in such a non-profit organization designed to educate and facilitate individuals deprived of health resources/benefits or education.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

TINA Chestnut - Director - 730 Bentley St. Ori., Fla 32805  
Sabat Kuhl - Chairman Board - 2531 Barkwater Dr. Ori., Fla. 32839  
LaShanda Walker - 2564 Robert Trent Jones Dr. Ori., Fla. 32835 - Trustee #1316

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TINA M. Chestnut  
730 Bentley Street  
Orlando, FLA. 32805

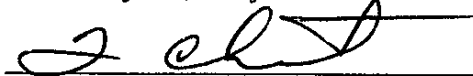
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TINA M. Chestnut  
730 Bentley Street  
Orlando, FLA. 32805

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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

Aug. 25, 2007

Date



Signature/Incorporator

Aug. 25, 2007

Date