

NO 8000009385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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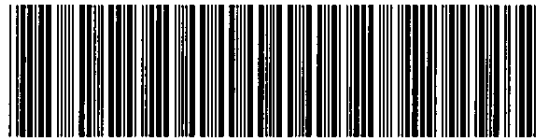
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 OCT - 8 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/9

COVER LETTER

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

SUBJECT: M.A.S. (Mercy Aid & Service)

(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: Alexander J Alfano, Esq.
Name (Printed or typed)

2655 LE JEUNE ROAD #403
Address

CORAL GABLES, FL 33134
City, State & Zip

305/7281341
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MERCY AID & SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

16550 NW 52 AVENUE
MIAMI, GARDENS, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Social and charitable services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As provided for in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Esther Lucia Angel, 16550 NW 52 Ave Miami Gardens, FL 33014 (President and Founder)

(Board of Directors): Same Address as above.

Diana Jalube/ Martha Penagos/ Valeria Divano de Leys/ Patricia Fernandez/ Gilberto Villegas/ Angel Peralta/ Gustavo Barrero/ Jasmin Ordóñez.

Pedro Lancheros, Same address as above (Executive Director)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

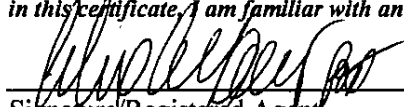
Esther Lucia Angel
16550 NW 52 Avenue
Miami Gardens, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Esther Lucia Angel
16550 NW 52 Avenue
Miami Gardens, FL 33014

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



Signature/Incorporator

Date