

ND00000/0/81

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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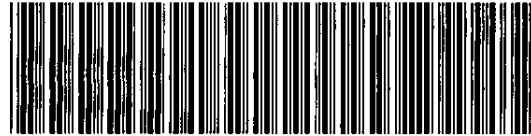
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MPD
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1111-169895

COVER LETTER

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

SUBJECT: Sheldon's Residential & Habilitation Center 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: ERminTude Mercy
Name (Printed or typed)

533 Cresta Circle
Address

West Palm Beach FL 33413
City, State & Zip

347-821-2474
Daytime Telephone number

l0mercyl@Hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2010

ERMINTUDE MERCY
533 CRESTA CIRCLE
WEST PALM BEACH, FL 33413

SUBJECT: SHELDON'S RESIDENTIAL & REHABILITATION CENTER INC.
Ref. Number: W10000049895

We have received your document for SHELDON'S RESIDENTIAL & REHABILITATION CENTER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 110A00025071

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Sheldon's Residential & Habilitation Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16112 Preakness Drive
Loxahatchee Fl.
Fl. 33470

Mailing address, if different is:
533 Cresta Circle
West Palm Beach
Fl. 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide all aspects of nursing care as set forth by the Statutes of the Florida State Board of Nursing in a Residential Habilitation group home for persons with disabilities. Sheldon's Residential & Habilitation Home will proceed toward obtaining a 501(c)3 qualification

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR Foster C.O.O. Name and Title: _____
Address: 533 Cresta Circle Address: _____
West Palm Beach
Fl. 33413

Name and Title: Jason mercy C.F.O. Name and Title: _____
Address: 533 Cresta Circle Address: _____
West Palm Beach
Fl 33413

Name and Title: Whitney Mercy Secretary Name and Title: _____
Address: 533 Cresta Circle Address: _____
W P B
Fl 33413

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Oscar Foster
Address: 533 Cresta Circle
West Palm Beach
Fl 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oscar Foster
Address: 533 Cresta Circle
W.P.B
Fl. 33413

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

Oscar Foster

Required Signature of Registered Agent

10/27/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Oscar Foster

Required Signature of Incorporator

10/27/10

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA