## N/200000/439

| (Requestor's Name)       |                 |           |  |  |
|--------------------------|-----------------|-----------|--|--|
|                          |                 |           |  |  |
| (Ad                      | ldress)         |           |  |  |
|                          |                 |           |  |  |
| (Address)                |                 |           |  |  |
|                          |                 |           |  |  |
| (City/State/Zip/Phone #) |                 |           |  |  |
|                          |                 |           |  |  |
| PICK-UP                  | WAIT            | MAIL      |  |  |
|                          |                 |           |  |  |
| (Business Entity Name)   |                 |           |  |  |
|                          |                 |           |  |  |
| (Document Number)        |                 |           |  |  |
|                          |                 |           |  |  |
| Certified Copies         | _ Certificates  | of Status |  |  |
|                          |                 |           |  |  |
|                          | 5'' O'''        |           |  |  |
| Special Instructions to  | Filing Officer: | i         |  |  |
|                          |                 |           |  |  |
|                          |                 |           |  |  |
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Office Use Only



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- 102/07/12

## **COVER LETTER**

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

| SUBJECT: Mercy Center Ministries, Inc.                 |  |                                     |  |  |
|--|--|-------------------------------------|--|--|
| -  | (PROPOSED CORPORATI                        | E NAME – <u>MUST INCLU</u>          | <u>JDE SUFFIX</u> )                              |  |
| Enclosed is an original                                | and one (1) copy of the Artic              | les of Incorporation and            | l a check for :                                  |  |
| \$70.00 Filling Fee                                    | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |  |
|  |  | ADDITIONAL CO                       | OPY REQUIRED                                     |  |
| FROM: Copeland R. Harris, Jr.  Name (Printed or typed) |  |                                     |  |  |
| 181 Monterey Way                                       |  |                                     |  |  |
| West Palm Beach, Florida 33411  City, State & Zip      |  |                                     |  |  |
| 561-291-3991  181 Montbestines/Telephone number        |  |                                     |  |  |
|  | Annatto@comca                              | ast.net                             |  |  |

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

E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

| The name of the o                     | NAME Sorporation shall be:   | s, Inc.  |
|---------------------------------------|--|--|
| ARTICLE II                            | PRINCIPAL OFFICE Principal street address  | Mailing address, if different is:  |
|                                       | 181 Monterey Way   |  |
|                                       | West Palm Beach, Florida 33411   |  |
| ARTICLE III                           | PURPOSE  |  |
| The purpose for                       | which the corporation is organized is:   |  |
| Providina Me                          | ercy to all people. To teach the Word o  | f God. Train unemployed people the skills of   |
|                                       |  | eless and less fortunate in our communities.   |
| ARTICLE IV                            | <b>MANNER OF ELECTION</b> The manner in  | which the directors are elected and appointed:   |
| Appointmen                            | t  |  |
| ARTICLE V                             | INITIAL OFFICERS AND/OR DIRECTOR   | RS   |
|                                       | Fine: Copeland R. Harris, Jr./Director   | Name and Title:  |
| Address:                              | 181 Monterey Way   | Address:   |
|                                       | West Palm Beach, Florida 33411   |  |
|                                       |  |  |
| Name and 1                            | Fitle: Enid Parchment-Harris/Director  | Name and Title:  |
| Address:                              | 181 Monterey Way West Palm Beach, Florida 33411  | Address:   |
|                                       | West Palm Beach, Florida 33411   |  |
|                                       |  |  |
| Name and '                            | Fitle: Kenneth A. Foster/Director  | Name and Title:  |
| Address:                              | 172 East Hampton   | Address:   |
|                                       | West Palm Beach, Florida 33417   |  |
|                                       |  | <del></del>  |
| ARTICLE VI                            | REGISTERED AGENT   | erie 7   |
|                                       | orida street address (P.O. Box NOT acceptable) of  | the registered agent is:   |
| Name:                                 | Copeland R. Harris, Jr.  |  |
| Address:                              | 181 Monterey Way   |  |
|                                       | West Palm Beach  | - Andrew Market Control of the Contr |
|                                       | Florida 33411  |  |
| ARTICLE VII                           | INCORPORATOR   | Fine CVP persons   |
| The name and ad                       | Idress of the Incorporator is:   |  |
| Name:                                 | Copeland & Enid Harris   |  |
| Address:                              | 181 Monterey Way   |  |
| _                                     | West Palm Beach<br>Florida 33411   | •  |
|                                       | <u> </u>   | •  |
| Having been nun                       | ned as registered agent to accept service of proces  | ss for the above stated corporation at the place designated in this  |
| certificate, i, am f                  | pmiliar with and accept the appointment as register  | ed agent and agree to act in this capacity   |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 73400  | 2/1/2012-  |
|                                       | V  | 2/1/2012<br>Date   |
| ()                                    | Required Signature of Registered Agent   | Dayk   |
| I sulmit his dom                      | ument and affirm that the facts stated herein are tr   | ue. I am aware that any false information submitted in a document  |
| to the Department                     | tinent und ajjirit indigite jucis stated nevem are in<br>Lof State constitutes a th <b>i</b> ri degree felony as provide | ed for in s.817.155, F.S.  |
| ld                                    | 1 - 1-1N / / / / / / /   | exus 2/1/2012  |
|                                       | Require Signature of Incorporator  | Date   |