

N14000005733

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(Address)

(Address)

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AND  
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14 JUN 17 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14/17

## COVER LETTER

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

SUBJECT: Streets of Mercy 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: Streets of Mercy Inc.  
Name (Printed or typed)

15919 Villa Drive  
Address

Hudson, Florida 34667  
City, State & Zip

352-444-9339  
Daytime Telephone number

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

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

**ARTICLE I    NAME**

The name of the corporation shall be: Streets Of Mercy Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

15919 Villa Drive

Hudson, Florida 34667

Mailing address, if different:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to help the homeless. Streets of Mercy Inc. is  
not organized for the private gain of any person, but rather is organized under the nonprofit,  
non-stock corporation law of the State of Florida exclusively for religious, charitable, and educational purpose  
operating as a church.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
as provided for in the By-Laws.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Evelyn Osorio President

Address

15919 Villa Drive

Hudson, FL 34667

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Raphael Osorio Vice President

Address

15919 Villa Drive

Hudson, FL 34667

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Elizabeth Quinones Director

Address

13337 Park Lake Dr. 18k

Tampa. FL 33618

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_ 14 JUN 17 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Philip Russel Berry  
Address: 3236 Beacon Square Drive  
Holiday, Florida 34691

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Evelyn Osorio  
Address: 15919 Villa Drive  
Hudson, FL 34667

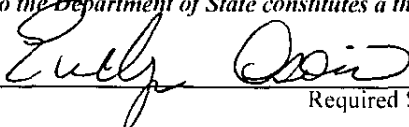
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

06/12/2014

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.*

  
Required Signature of Incorporator

06/12/2014

Date