

N23000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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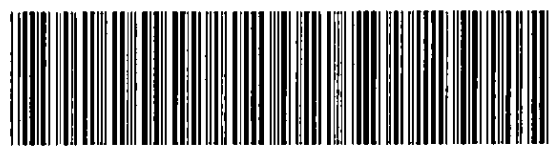
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

SUBJECT: THY TENDER HANDS 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: ROSEITA L SMITH

Name (Printed or typed)

6704 SW 45TH AVE

Address

GAINESVILLE FL 32608

City, State & Zip

954-934-6113

Daytime Telephone number

ROSEITAS@GMAIL.COM

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

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

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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: THY TENDER HANDS OF MERCY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6704 SW 45TH AVE

GAINESVILLE FL 32608

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHARITABLE, EDUCATIONAL, AND RELIGIOUS ORGANIZATION
FOR MENTORING & TEACHING INDIVIDUALS LIFE SKILLS. ENCOURAGING SELF-DETERMINATION. MENTAL
AWARENESS, SELF-CARE, AND FINANCIAL DECISION-MAKING SKILLS FOR FUTURE LIFE OPPORTUNITIES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSEITA L SMITH/PRES/TREAS

Name and Title: _____

Address 6704 SW 45TH AVE
GAINESVILLE FL 32608

Address: _____

Name and Title: TANGANYIKA L SMITH/VICE PRES

Name and Title: _____

Address 216 LAKE POINTE DR # 123
OAKLAND PARK, FL 33309

Address: _____

Name and Title: TIFFANY JOHNSON/SEC

Name and Title: _____

Address 5203 SW 32ND ST
PEMBROKE PARK FL 33023

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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Address _____ Address: _____

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: ROSEITA L SMITH
Address: 5704 SW 45TH AVE
GAINESVILLE FL 32608

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROSEITA L SMITH
Address: 6704 SW 45TH AVE
GAINESVILLE FL 32608

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01/27/2023

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

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TALLAHASSEE, FL
01/27/2023