

PO7000054399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500098465495

04/27/07--01008--005 **78.75

2007 MAY -7 A 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. WHITE MAY -8 2007

COVER LETTER

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

SUBJECT: Mercy Elderly Care (ALF), Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Niurys Aguilar
Name (Printed or typed)

6517 Johns Road
Address

Tampa, FL 33634
City, State & Zip

(786) 426-4305
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2007

NIURYS AGUILAR
6517 JOHNS ROAD
TAMPA, FL 33634

SUBJECT: MERCY ELDERLY CARE (ALF), INC.
Ref. Number: W07000020620

We have received your document for MERCY ELDERLY CARE (ALF), INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the 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) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 507A00029033

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2007 MAY -7 A 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Mercy Elderly Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6517 Johns Road, Tampa, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted living facility for the elderly.

ARTICLE IV SHARES

The number of shares of stock is: One-hundred shares common stock,
\$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Niurys Aguilar, 6517 Johns Road, Tampa, FL 33634
President and Treasurer
Ramon Merayo, 6517 Johns Road, Tampa, FL 33634
Vice-President and Secretary

ARTICLE VI REGISTERED AGENT

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

Niurys Aguilar, 6517 Johns Road, Tampa, FL 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Niurys Aguilar, 6517 Johns Road, Tampa, FL 33634

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

4/25/07

Date



Signature/Incorporator

4/25/07

Date