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· COVER LETTER

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

SUBJECT: Merchants Trust, Inc.				
(P	ROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and o	ne (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 \$78	75	\$78.75	\$87.50	
Filing Fee Filing		Filing Fee	Filing Fee,	
	ificate of Status	& Certified Copy	Certified Copy	
		.,	& Certificate of	
			Status	
ADDITIONAL COPY REQUIRED				
FROM: Lance D.	MacKenzie			
Name (Printed or typed)				
8555 SW 12th Lane				
	. A	ddress		
Cainaa	villa Elevida 200	07		
Gainesville, Florida 32607 City, State & Zip				
City, state & Zip				
352-331-1100				
- 3 - 3 -		elephone number		

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

ARTICLES OF INCORPORATION **OF** MERCHANTS TRUST, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Her adopt(s) the following Articles of Incorporation.

ARTICLE I. The name of the Corporation shall be:

Merchants Trust, Inc.

ARTICLE II. The principal place of business and mailing address of the Corporation shall be:

4056 River Valley Road South Jacksonville, Florida 32277

ARTICLE III. The number of shares of stock that this Corporation is authorized to have outstanding an any one time is:

> 1,000 shares of No Par Value Common Stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the Corporation.

ARTICLE IV. The name and address of the Corporation's initial registered agent is:

William Robinson 4056 River Valley Road South Jacksonville, Florida 32277

ARTICLE V. The name and street address of the incorporator of this Corporation:

William Robinson 4056 River Valley Road South Jacksonville, Florida 32277

ARTICLE VI. No Director shall be held liable to the Corporation or its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of selfdealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date Signature of Incorporator Printed Name of Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to Section 607.0501 of the Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name of the Corporation is:

Merchants Trust, Inc.

2. The name and address of the Corporation's registered agent and registered office is:

William Robinson 44056 River Valley Road South Jacksonville, Florida 32277

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

04/20/09

Date of Signature

19 APR 23 PM 3: 33