

P11000105322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

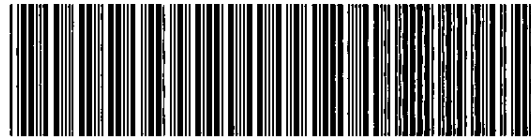
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600214562436

11/30/11--01008--016 **87.50

FILED

11 DEC -9 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/12

10011 10361

COVER LETTER

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

SUBJECT: Mercy Foundation
(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Bryan Conley
Name (Printed or typed)

94 S. Highland Ave #2802
Address

Tarpon Springs, FL 34689
City, State & Zip

(813) 927-0437
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 DEC -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2011

BRYAN CONLEY
94 S. HIGHLAND AVE
#2802
TARPON SPRINGS, FL 34689

SUBJECT: MERCY FOUNDATION
Ref. Number: W11000060361

We have received your document for MERCY FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

List the corporation name in Article I of the form.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 911A00026947

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Mercy Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
94 S. Highland Ave #2802
Tarpon Springs, FL 34689

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bryan Conley, Pres. V.P.T.S.
Address: 94 S. Highland Ave #2802
Tarpon Springs, FL 34689

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Bryan Conley
Address: 94 S. Highland Ave #2802
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bryan Conley
Address: 94 S. Highland Ave #2802
Tarpon Springs, FL 34689

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

Bryan Conley

Required Signature/Registered Agent

11-24-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Bryan Conley

Required Signature/Incorporator

11-24-11

Date

FILED
11 DEC - 9 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA