

P11000107504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

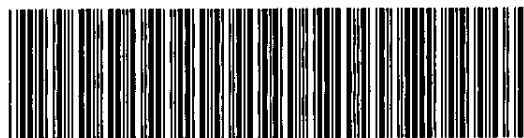
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

509

W11000063245



800215195768

12/20/11--01003--025 **70.00

RECEIVED

11 DEC 20 PM 12:37

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 DEC 21 AM 7:49

12/22/11

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Office Services Because of His Mercy Inc

Signature _____

Requested by: SETH

12/21/11 11:00

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 DEC 21 AM 7:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2011

CAPITAL CONNECTION, INC.
ATTN: SETH

SUBJECT: OFFICE SERVICES BECAUSE OF HIS MERCY INC
Ref. Number: W11000063245

RECEIVED
11 DEC 21 PM 3:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for OFFICE SERVICES BECAUSE OF HIS MERCY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 011A00028380

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 DEC 21 AM 7:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 DEC 21 AM 7:50

**ARTICLES OF INCORPORATION
OF
OFFICE SERVICES BECAUSE OF HIS MERCY INC**

**THE UNDERSIGNED SUBSCRIBER (S) TO THESE ARTICLES OF
OF INCORPORATION, NATURAL PERSON (S) COMPETENT TO CONTRACT,
HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE
OF FLORIDA.**

ARTICLE 1- CORPORATE NAME

**THE NAME OF THE CORPORATION IS: OFFICE SERVICES BECAUSE OF HIS MERCY
INC
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS:
3500 UNIVERSITY BLVD. APT 805 JACKSONVILLE, FL 32277**

ARTICLE 11 – DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING
TO FLORIDA LAW.**

ARTICLE III – PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES
AND THE STATE OF FLORIDA.**

ARTICLE IV – CAPITAL STOCK

**THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES (500) OF
(one dollar (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE
DESIGNATED "COMMON STOCK"**

ARTICLE V – INITIAL REGISTERED AGENT AND MAILING ADDRESS.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME: LAKEISHA ROBERTSON

**PRINCIPLE AND MAILING ADDRESS:
3500 UNIVERSITY BLVD. APT 805 JACKSONVILLE, FL 32277**

ARTICLE VI – INITIAL BOARD OF DIRECTORS

**THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY, THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS
THAN ONE (1)**

CORPORATION DIRECTOR (S)

**NAME: LAKEISHA ROBERTSON
PRINCIPLE AND MAILING ADDRESS; 3500 UNIVERSITY BLVD. APT 805
CITY JACKSONVILLE, STATE FLORIDA ZIP CODE 32277**

**NAME:
PRINCIPLE AND MAILING ADDRESS:
CITY AND STATE AND ZIP CODE:**

**NAME:
PRINCIPLE AND MAILING ADDRESS:
CITY AND STATE AND ZIP CODE:**

ARTICLE VII – INCORPORATORS

**THE NAME AND ADDRESSES OF THE PERSONS (S) SIGING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:**

**NAME: LAKEISHA ROBERTSON
PRINCIPLE AND MAILING ADDRESS: 3500 UNIVERSITY BLVD APT 805
CITY, JACKSONVILLE STATE FLORIDA ZIP CODE 32277**

**NAME:
PRINCIPLE AND MAILING ADDRESS:
CITY, STATE AND ZIP CODE:**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 DEC 21 AM 7:50

CERTIFICATE AND ACKNOWLEDGEMENT OR REGISTERED AGENT

**CERTIFICATE OF REGISTERED AGENT OF: OFFICE SERVICES BECAUSE OF
HIS MERCY INC**

(NAME OF CORPORATION)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE
FOLLOWING SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE
ARTICLES OF INCORPORATION:**

ADDRESS: 3500 UNIVERSITY BLVD. APT 805 JACKSONVILLE FL 32277

HAS NAMED: LAKEISHA ROBERTSON

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE
PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES
AS A REGISTERED AGENT.**



LAKEISHA ROBERTSON

(Registered Agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED
THESE ARTICLES OF INCORPORATION THIS 14 Day of **NOVEMBER**
2011

Lakeisha Robertson (SIGN)

____ (SIGN)

____ (SIGN)

____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF:

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN
THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED.

NAME: LAKEISHA ROBERTSON

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED THE
FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE
ME THAT (HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 14 DAY OF NOVEMBER
2011

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

Linda L. Wilson

LINDA L. WILSON
MY COMMISSION #DD 846716
MY COMMISSION EXPIRES: JANUARY 20, 2013

