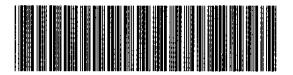
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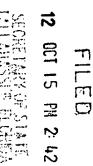
(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
. (Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

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

SUBJECT: MERCY MERCY (PROPOSED CORPORA)	y MERCY IWC.				
(PROPOSED CORPORAS	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: HELEW L	BARTHOLONE (Printed or typed)				
89 Hickory Loop Address of					
Ocala City,	7 A- 13 4471 State & Zip				
352 - Daytime Te	209-7300 elephone number				
E-mail address: (to be used	for future annual report notification)				
	:				

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

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

ARTICLE I The name of the cor	NAME poration shall be: MERCY	MERCY ME	ERCY IWC.	FILED
	PRINCIPAL OFFICE			
	Principal street address	_	Mailing address, if	different 5. PH 2: 42
_	80 HICKORY FOO	2 -		HE DURY THE STATE
	<u> </u>			ALLASSEN FLORENCE
477/07/07 77 17	NID DO CH		44	
ARTICLE III I	PURPUSE iich the corporation is organized is	ς·	· · · · · · · · · · · · · · · · · · ·	- and it stud
E 5 + .4 b	PURPOSE nich the corporation is organized in NAMAGEMIA CON AND ASPIRATES SO OF STORK IS: (2)	organization	TO ANALUA	re Abminishma adividual
FUND,	MANAGENT OF AND	y mai ind of	gan, zant,	. 0 -
or fai	ning that can	be shown to	o be in dust by call.	uss, herd, or
ARTICLE IV	SHARES (SPINOLTE	, ,	7	
The number of share	es of stock is: (3)			
ARTICLE V	INITIAL OFFICERS AND/OR	DIRECTORS V	Pres de Sorretau.	
Name and Tit	INITIAL OFFICERS AND/OR le: HELEN L. Bo	Tholomin Name a	and Title:	
Address:	89 HICKORY	LOOP Addres	s:	
,	Ocula 714	- 34471	 	
		Pres.		
Name and Tit	le: C.A BART	HOWHEN Name a		
Address:	89 HICKORY	<u> L00 ρ</u> Addres	s:	
16.45				
Name and Titi Address:	le:	Name a	and Title:s:	
-5				
ARTICLE VI I	REGISTERED AGENT			
	ida street address (P.O. Box NOT	acceptable) of the regist	ered agent is:	
Name: Address:	HELOW 13.			
71441033,	O CALA	FL 34471		
4 D'07/CT IP 1777	7			
The name and addr	INCORPORATOR ress of the Incorporator is:			
Name:	itchen k	3ARTI+OLOME	L	
Address:	INCORPORATOR Tess of the Incorporator is: 1+CLEW 29 HICKORS 1 CA	LOOP A 71 34471	·	
Having been named	d as registered agent to accept ser	vice of process for the a	above stated corporation a	t the place designated in
this certificate, I am	familiar with and accept the appo	intment as registered ag	ent and agree to act in this	
Helen	Required Signature/Register			10/10/12
	Required Signature/Register	red Agent		Date
	nent and affirm that the facts stat			ormation submitted in a
document to the Dep	partment of State constitutes a thir	d degree felony as provid	ded for in s.817.155, F.S.	
•	en Barkholo Required Signature/Incor			10/10/12
- 	Required Signature/Incor	porator		Date