

P13000070858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

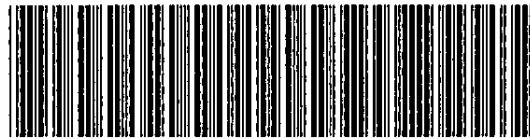
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED NUMBER "1" TO  
ARTICLE IV (SHARES)  
PER TELEPHONE CONVERSATION  
WITH JUSTIN MERCER

*[Signature]* 08/27/13

Office Use Only



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08/07/13--01000--010 \*\*87.50

FILED  
13 AUG 23 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-44899

*[Signature]* 08/27/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2013

JUSTIN MERCER  
6275 MOHAWK TRAIL  
MILTON, FL 32583

SUBJECT: MERCER'S RESIDENTIAL REMODELING INC.  
Ref. Number: W13000044899

We have received your document for MERCER'S RESIDENTIAL REMODELING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears from the information on the application that you wish to form a PROFIT INCORPORATION. The form filled out is for a NON-PROFIT INCORPORATION. Enclosed for your convenience is a blank application for a PROFIT INCORPORATION. Please fill it out accordingly.

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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00019265

## COVER LETTER

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

SUBJECT: Mercer's Residential Remodeling 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  
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: Justin Mercer  
Name (Printed or typed)

6275 Mohawk Trail  
Address

Milton FL 32583  
City, State & Zip

(850) 291-9531  
Daytime Telephone number

VINLEC0044@GMAIL.COM  
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 NAME**

The name of the corporation shall be: MERCER'S Residential Remodeling inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6275 Mohawk Trail  
Milton FL 32583

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Painting

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: N/A Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**13 AUG 23 PM 2:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Justin Mercer  
Address: 6275 Mohawk Trail  
Milton FL 32583

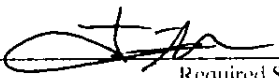
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Justin Mercer  
Address: 6275 Mohawk Trail  
Milton FL 32583

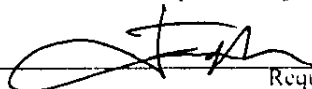
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TALLAHASSEE, FLORIDA

*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*

  
Required Signature/Registered Agent

8/19/2013  
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.*

  
Required Signature/Incorporator

8/19/2013  
Date