

P16000044462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

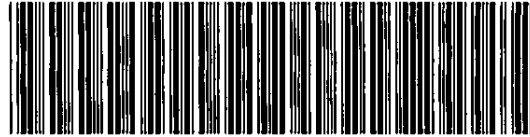
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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16 MAY 16 PM 5:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/11

COVER LETTER

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

SUBJECT: Mercy Star Fruit, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Mercedes A. Fernandez

Name (Printed or typed)

5651 NW 17th Avenue

Address

Miami, Florida 33142

City, State & Zip

786-600-9118

Daytime Telephone number

mercyizblessed7x@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)

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- 16 MAY 16 PM 5:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5651 NW 17th Avenue

Miami, Florida 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mercedes A. Fernandez President

Name and Title: _____

Address 5651 NW 17th Avenue

Address: _____

Miami, Florida 33142

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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16 MAY 16 PM 5:16

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Mercedes A. Fernandez
Address: 5651 NW 17th Avenue
Miami, Florida 33142

ARTICLE VII INCORPORATOR

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

Name: Mercedes A. Fernandez
Address: 5651 NW 17th Avenue
Miami, Florida 33142

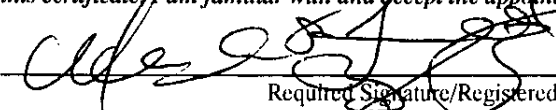
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05-11-2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-11-2016
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

5-11-2016
Date

ARTICLES OF INCORPORATION

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Name and Title: _____

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Address: _____

Miami, Florida 33142

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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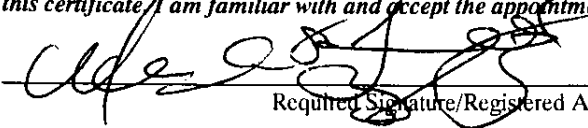
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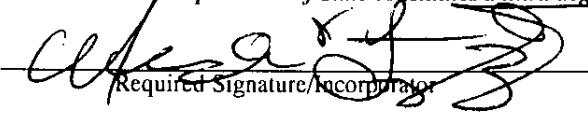


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