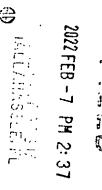
P2200000 8220

(Requestor's Name)				
(Ad	(Address)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
,-	,	•		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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RECEIVED 2022 FEB-7 AMII: 42

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 460733 4313323 pull de rian AUTHORIZATION : COST LIMIT : ORDER DATE: February 4, 2022 ORDER TIME : 9:14 AM ORDER NO. : 460733-005 CUSTOMER NO: 4313323 DOMESTIC FILING NAME: MERCATURA, INC. EFFECTIVE DATE: XX____ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

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

SUBJECT:	MERCATURA, INC. (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	ginal and one (1) copy of the ar				
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
	Cha	rles M. LeSchack			
FROM:					
		nark Square, 9th Floor			
		Address			
	Stamford, CT 06901 City, State & Zip				
	·	·			
	(203) 351-4418 Daytime Telephone number				
	cleschack@cl-faw.com	•			
	E-mail address: (to be use	d for future annual report r	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 corpora	tion shall be: MERCATURA, INC.		
<u>ARTICLE II PRINC</u>			Mailing address, if different is:
26330 Woodlyn Driv	е		
Bonita Springs, FL 34	4134	•	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:any law	rful general busine	ss purposes.
			<u> </u>
			ZEB I
			E6 1 T
			PH
ARTICLE IV SHAR The number of shares of	<u>ES</u> , . 1,000		2: 38 5.FL
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS Robert D. Burke, President	A TOTAL	Janelle B. Burke, Vice President
Name and Titl	26330 Woodlyn Drive	Name and Title	26330 Woodlyn Drive
Address	Bonita Springs, FL 34134	Address:	Bonita Springs, FL 34134
Name and Title	Robert D. Burke, Secretary	Name and Title	s
Address	26330 Woodlyn Drive	Address:	
	Bonita Springs, FL 34134	 .	
Name and Title	Robert D. Burke, Treasurer	Name and Title	ж
Address	26330 Woodlyn Drive	Address:	
	Bonita Springs, FL 34134		

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	c) of the registered agent is:
Name:	Robert D. Burke	
Address:	26330 Woodlyn Drive	
, roures.	Bonita Springs, FL 34134	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Robert D. Burke	
Address:	26330 Woodlyn Drive	
	Bonita Springs, FL 34134	
Effective date, il	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed a ords.
Having been nar certificate, I am	familiar with and accept the appointment as reg	
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in clony as provinced for in s.817.155, F.S.
Required Signatu	Ire/Incorporator	FeB 3, 2022

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