

**P22000054917**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MERCYFALLS & CN FL CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**COVER LETTER**

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

**SUBJECT:** MERCYFALLS & CN FL CORP

(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: FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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

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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: MERCYFALLS & CN FL CORP

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is.  
10454 SW 54TH ST 10454 SW 54TH ST  
COOPERCITY, FL 33328 COOPERCITY, FL 33328

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES  
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIEBA CHANIN, DIRECTOR Name and Title:  
Address: 10454 SW 54TH ST Address:  
COOPERCITY, FL 33328  
Name and Title: Name and Title:  
Address: Address:  
Name and Title: Name and Title:  
Address: Address:

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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: LIEBA CHANIN  
 Address: 10454 SW 54TH ST  
COOPERCITY, FL 33328

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MARK FUCHS  
 Address: 5314 16TH AVENUE, SUITE 139  
BROOKLYN, NY 11204

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

/s/ LIEBA CHANTIN  
 Required Signature/Registered Agent

07/08/2022

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.*

/s/ Mark Fuchs  
 Required Signature/Incorporator

07/08/2022

Date

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