

P 9500046489

5-5-95

Ruby Seymour Burr

Requester's Name

3595 Sheridan St. #206

Address

Hollywood, FL 33021

City

State

ZIP

Phone

VALIDATION ONLY

300001478083  
-05/08/95--01066--020  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

BETHESDA, INC.

FILED RECEIVED  
1995 JUN 15 PM 11:56  
SECRETARY DIVISION OF CORPORATION  
TALLAHASSEE, FL 32301



EMPIRE

Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> Foreign	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

F. CHESSEY JUN 15 1995

Conflict  
728955  
989-22,671  
4-95-9613



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 8, 1995

EMPIRE

MIAMI, FL

SUBJECT: BETHESDA, INC.  
Ref. Number: W95000009612

FILED  
1995 JUN 15 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE

We have received your document for BETHESDA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6919.

Beth Register  
Corporate Specialist Supervisor

Letter Number: 095A00022635

**ARTICLES OF INCORPORATION**  
**OF**

**R. A. MERCY, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: R. A. MERCY I NC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

3820 S. Lake Terrace  
Miramar, FL 33023

**ARTICLE III CAPITAL STOCK**

The maximum number of stock that this corporation is authorized to have outstanding at any one time is 100 shares with no par value.

**ARTICLE IV PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Erminude Mercy  
3820 S. Lake Terrace  
Miramar, FL 33023

**ARTICLE VI INITIAL BOARD OF DIRECTORS**

President/Vice President      Erminude Mercy  
3820 S. Lake Terrace  
Miramar, FL 33023

Treasurer/Secretary      Erminude Mercy  
3820 S. Lake Terrace  
Miramar, FL 33023

**ARTICLE VII RESTRICTIONS AGAINST VIOLATION OF S STATUS**

The Corporation shall elect to be taxed as an S Corporation under the Internal Revenue Code.

The Corporation shall only authorize and issue one class of stock (voting or non-voting common).

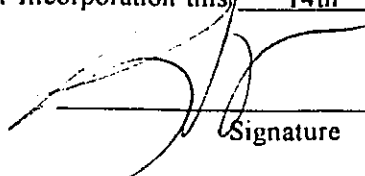
No Stockholder shall do any act (including the sale of transfer of such Stockholder's stock) which shall contravene or revoke the Corporation's election to be taxed as an S Corporation.

**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Ruby Seymour-Barr  
3595 Sheridan Street, Ste. #206  
Hollywood, FL 33021

The undersigned has executed these Articles of Incorporation this 14th day of June, 1995.

  
\_\_\_\_\_  
Signature

**ARTICLE IX**

**REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of this Corporation is 3820 S. Lake Terrace, Miramar, FL 33023 and the name of the initial registered agent of this Corporation at that address is Ermintude Mercy.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR R.A. MERCY, INC., AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. I AM FAMILIAR WITH AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I ACCEPT THE OBLIGATIONS PROVIDED FOR IN 607.325, FLORIDA STATUTES.

*Ermintude Mercy*

Ermintude Mercy, Registered Agent

Date: *June 14*

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1995 JUN 15 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA           )  
  )  
COUNTY OF BROWARD       )

I HEREBY CERTIFY THAT on this day, personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements under the laws of the State of Florida, Ermintude Mercy, to me well known to be the person described in and who executed the foregoing Certificate of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and seal this 14 day of June, 1995.

*[Signature]*  
\_\_\_\_\_  
Notary Public,  
State of Florida  
My Commission Expires



RUBY SEYMOUR-CAMPBELL  
My Commission Expires June 18, 1996  
Commission No. CC110008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046489**

1 Corporation Name  
**R.A. MERCY, INC.**

96 SEP 20 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 96

Principal Place of Business  
**3820 S. LAKE TERRACE  
MIRAMAR FL 33023**

Mailing Address  
**3820 S. LAKE TERRACE  
MIRAMAR FL 33023**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country

4 Date Incorporated or Qualified To Do Business in Florida	<b>06/15/1995</b>
5 FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	MERCY, ERMINUDE	3820 S. LAKE TERRACE	MIRAMAR FL 33023
TS	MERCY, ERMINUDE	3820 S. LAKE TERRACE	MIRAMAR FL 33023

00000151031510  
-10/03/96--01019--002  
\*\*\*\*375.00--\*\*\*\*375.00

9/10/2

8 Name and Address of Current Registered Agent

**MERCY, ERMINUDE  
3820 S. LAKE TERRACE  
MIRAMAR FL 33023**

9 Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State <b>FL</b> Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Erminude Mercy  
REGISTERED AGENT MUST SIGN

Date 9-16-96

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Erminude Mercy **ERMINUDE MERCY** 9-16-96 954-983-6559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (7/96)