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| HHTCLAS (Requestor's Name) | | | |
|---|--|--|--|
| 923 MYRTLE AVE (Address) | | | |
| (Address) 850-627- 4900 (City/State/Zip/Phone #) | | | |
| (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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ARTICLES OF INCORPORATION

OF

CHARLES K. McCLELLAN FUNERAL HOME, INC.



ARTICLE I

The name of this corporation is CHARLES K. McCLELLAN FUNERAL HOME,

INC.

ARTICLE II

This corporation is authorized to issue 100 shares of \$1.00 par value common stock.

ARTICLE III

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV

The street address and mailing address of the initial principal office of this corporation is 923 Myrtle Avenue, Quincy, Florida 32351, and the name of the initial registered agent of this corporation at that address is CHARLES K. McCLELLAN.

ARTICLE V

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the bylaws, but shall never be less than one nor more than three. The names and addresses of the initial directors of this corporation are:

CHARLES K. McCLELLAN 923 Myrtle Avenue Quincy, Florida 32351

ARTICLE VI

Common stock of the corporation shall initially be issued as follows:

CHARLES K. McCLELLAN51 Shares 923 Myrtle Avenue Quincy, Florida 32351

ARTICLE VII

The name and address of the person signing these Articles as incorporator is:

CHARLES K. McCLELLAN 923 Myrtle Avenue Quincy, Florida 32351

CHARLES K. McCLELLAN

STATE OF FLORIDA COUNTY OF GADSDEN

| The foregoing instrument was acknowledge FEBRUARY ALISHA AND SHOUT, by CHARLES K | ged before me this | 23 flay of who is personally known to |
|--|---------------------------------|---------------------------------------|
| me. Notary Public, State of Florida | i. Mooring in 1, | wite is personally known to |
| My comm. exp. Sept. 8, 2005 Comm. No. DD 053697 | | |
| - 0 - 9 | | |
| Name: (NOTARY PUBLIC, State of Florida at Large | · · · · · · · · · · · · · · · · | |
| My Commission Expires: 8205 | | e e e e e e e e e e e e e e e e e e e |
| Commission No.: DDO53697 | | ••• • • • • • • • • • • • • • • • • • |

Having been named as Registered Agent and to accept Service of Process of the above-stated corporation at the place designated in this Certificate, I hereby accept this appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

HARLES K. McCLELLAN

Date 323 2001

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