

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)922-4001

From: Account Name : MEDGUARD SERVICES INC.
Account Number : I19990000019
Phone : (305)389-2049
Fax Number : (305)220-7776

FLORIDA PROFIT CORPORATION OR P.A.

Rock of Ages A.L.F. Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

99 SEP 24 PM 1:07

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. McKnight SEP 24 1999

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Rock of Ages A.L.F. Inc.

ARTICLE II PRINCIPAL OFFICE

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

10551 S.W. 120th Avenue
Miami, Florida 33186

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Palmira Reyes
10446 SW 127th Place
Miami, Florida 33186

ARTICLE V INCORPORATOR

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

Palmira Reyes
10446 S.W. 127th Place
Miami, Florida 33186

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DIVISION OF CORPORATIONS
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Handwritten signature of Palmira Reyes

Signature/Incorporator

Sept. 24, 1999

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the 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

Handwritten signature of Palmira Reyes

Signature/Registered Agent

Sept. 24, 1999

Date

Medguard Services, Inc.
9274 SW 40th Street
Miami, Florida 33165

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