

N11000008812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

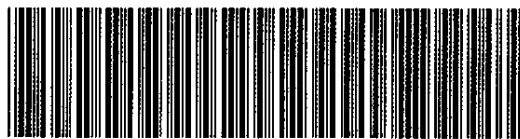
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212084199

09/16/11--01030--013 **87.50

RECEIVED
11 SEP 16 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 09/19/11

COVER LETTER

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

SUBJECT: DeLeon Springs Community Cemetery Association, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: DeLeon Springs Community Cemetery Association, Inc.
Name (Printed or typed)

P. O. Box 661
Address

DeLeon Springs, FL 32130
City, State & Zip

(386) 236-8066
4950 Fair Drive Telephone number

JLJOHNSONJR2003J@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME DeLeon Springs Community Cemetery Association, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4950 Fairport Ave.
DeLeon Springs, FL 32130
Mailing address, if different is: P.O. Box 661
DeLeon Springs, FL 32130

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to encourage mutual improvement and goodwill among the members; to stimulate fellowship, cooperation and support to create and maintain quality burials, cemetery grounds, properties and facilities to the highest level possible; to encourage sound management and business procedures; to promote ethical practices; to encourage individuals and families to make sound cemetery / burial and perpetual care arrangements; and to transact any other necessary lawful business permitted under Chapter 617, Florida Statutes, the Florida Not For Profit corporation Act.

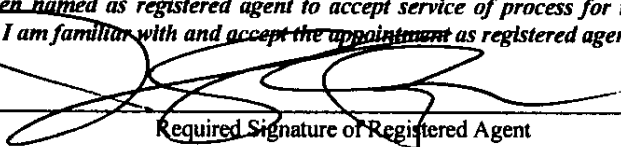
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
DIRECTORS Officers shall be elected annually by the membership as defined in the ByLaws.

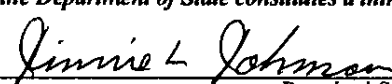
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Jimmie Johnson, Sr. - President /D Address: P. O. Box 661 DeLeon Springs, FL 32130
Name and Title: Martin Moore - Vice President /D Address: P. O. Box 742 DeLeon Springs, FL 32130
Name and Title: Louise Bruten - Secretary /D Address: P. O. Box 62 DeLeon Springs, FL 32130
Name and Title: Virginia Ann Axon - Treasurer /D Address: P. O. Box 311 DeLeon Springs, FL 32130
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Jimmie Johnson, Jr.
Address: 137 Pelican Dunes Dr.
Ormond By The Sea, FL 32176

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jimmie Johnson, Sr.
Address: P. O. Box 661
DeLeon Springs, FL 32130

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 SEP 16 PM 2:19
FILED

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

Required Signature of Registered Agent
Date: 14 Sep 2011

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator
Date: 9/14/11