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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)

ciosed is an original a	and one (1) copy of the Artic	les of incorporation and	1 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 Cop & Certificate
		ADDITIONAL C	OPY REQUIRED
FROM:	DeLeon Springs Community C		· <u> </u>
	Name (Prir	nted or typed)	
	P. O. Box 661		
	Ad	dress	_
	DeLeon Springs,		
	City, St	ate & Zip	_
	(386) 236-8066		
	4950 Fair Day tiros. Tele	ephone number	
	JLJOHNSONJR2003	BJ@YAHOO.COM	Л

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

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

ARTICLES OF INCORPORATION

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

Principal girget address #895 Fairproft Ave. DeLeon Springs, FL 32130 ### ### DeLeon Springs, FL 32130 ### ### ### DeLeon Springs, FL 32130 ### ### ### ### ### ### ### ### ### #	ARTICLE II	PRINCIPAL OFFICE		
DeLeon Springs, FL 32130 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 main quality burids, comelery grounds, properlies and facilities to the highest level possible; to encourage sound management and business per to promote ethical practices; to encourage individuals and families to make sound cometery / burial and perpetual care arrangement; and transact any other necessary leavful 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: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jimmie Johnson, Sr President/ Address: P. O. Box 661 P. O. Box 661 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: Article VI Incorporator is: Name: Jimmie Johnson, Jr. Address: Address: Address: Address: Jimmie Johnson, Sr. Address: Address: Jimmie Johnson, Sr. Address: Address: Jimmie Johnson, Sr. Addre		· —		. *
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Name and Title: Louise Bruten - Secretary D Address: P. O. Box 62 DeLeon Springs, FL 32130 Name and Title: P. O. Box 311 DeLeon Springs, FL 32130 Name and Title: Address: P. O. Box 311 DeLeon Springs, FL 32130 Name and Title: Address: I37 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 Having been named as registered agent to accept service of process for the above stated corporation at the place designate errificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent To the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:			
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