N13000000318

(Requestor's Name)				
(Ad	ddress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	•			
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Mr. Hin AUTHOHIZATION COHRECT T DATE 1 DOC. EXAM		AVE		





300242933803

01/09/13--01007--009 **78.75



COVER LETTER

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

Plymouth Memorial Garden Cemetery, Inc.

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: Eddie J. Hines
Name (Printed or typed)

7062 Holly Street

Zellwood, FL 32798

(407) 219-6602 Daytime Telephone number

E-mail address: (to be used for fugure 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 The name of the o		orial Ga	rden Cemetery, INC.
ARTICLE II	Principal OFFICE Principal street address 3491 General Electric Re Apopka, FL 32712	pad	Mailing address, if different is: P.O. BOX 802 Zellwood, FL 32798
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:	note to	he exiting cemetry
	ror a	cemer	ery.
ARTICLE IV	MANNER OF ELECTION The manner in v	which the directors	are elected and appointed: By Vote
Name and Address:	INITIAL OFFICERS AND/OR DIRECTOR Title: Eddie J. Hines/CT 7062 Holly Street Zeilwood, FL 32798	Name and Title: Address:	Marion Alston/Trustee 7273 Eldred Ct. Apopka, FL 32712
Name and Taddress:	Title: Marcia L. Clark/STT 3362 Janet Street Apopka, FL 32712	Name and Title: Address:	Gladys F. Bell/Trustee 1248 Hurmit Smith Rd. Plymouth, FL 32768
Name and T Address:	Title: Lozeir Jackson/Trustee 305 N. Main Avenue Apopka, FL 32712	Name and Title: Address:	ALLE JA FI
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of Eddie J. Hines 7062 Holly Street 2011 wood, FL 32793	the registered age	ont is: FLGGGG
ARTICLE VII The name and ac Name: Address:	INCORPORATOR Iddress of the Incorporator is: Eddie J. Hines 7062 Holly Street Zellwood, FC 32798	- -	
	med as registered agent to accept service of proces familiar with and accept the appointment as register		
Edde	Required Signature of Registered Agent		19-17-2012 Date
I submit this doc	ument and affirm that the facts stated herein are tri nt of State constitutes a third degree felony as provid		
Elde	Required Signature of Incorporator		12-17-2012