

N14000010090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

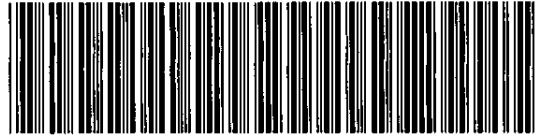
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT 31 AM 12:26
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FILED
14 OCT 31 PM 12:54
STATE FART OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

FILED
14 OCT 31 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: New Hope Community Cemetary, 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: Vernon Bernard
Name (Printed or typed)

2113 NE 200th Ave.
Address

Williston, Fl. 32696
City, State & Zip

352-528-6370
Daytime Telephone number

Fbernard@juno.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

The name of the corporation shall be: New Hope Community Cementary, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16649 West Hwy 318
Williston, Fl. 32696

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is strictly used for burial plots for citizens
of our community

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

These officers were elected by popular vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vernon Bernard, Pres.
Address: 2113 NE 200th Ave.
Williston, Fl. 32696

Name and Title: Raleigh Wallace, Tres.
Address: 16649 West Hwy 318
Williston, Fl. 32696

Name and Title: Alton Freeman, secretar
Address: 20353 NE 7th Place
Williston, Fl. 32696

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vernon Bernard
Address: 2113 NE 200th Ave.
Williston, Fl. 32696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vernon Bernard
Address: 2113 NE 200th Ave.
Williston, Fl. 32696

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

Vernon Bernard
Required Signature of Registered Agent

10/29/14
Date

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.

Vernon Bernard
Required Signature of Incorporator

10/29/14
Date