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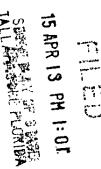
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	opies Certificates of Status				
Special Instructions to Filing Officer:					

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COVER LETTER

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

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: Elease Bailey-Wilkinson
Name (Printed or typed)

Panama City, FL 32401 City, State & Zip

ebw 5050 @ gmail. 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)

The name of the c	orporation shall be: Ke	<u>dwood Aveni</u>	se Cemetery Inc.	
ARTICLE II	PRINCIPAL OFFICE		J	
	Principal street address:		Mailing address, if different is:	
_80	6 Bay Ave		PO Box 42	
Pa	nama City, F	L 32401_	Panama City, FL 32402-00	192
ARTICLE III The purpose for v	PURPOSE which the corporation is organ	nized is: This o	rganization holds to the belo	ief
			ves a burial regardless e	
			eatton embraces the values	
			ent Association. Under V	
			ees, it continues to serve	
			rage of the community.	
ww pre	301.5 11.5 01.	1191000 11911	rage of the commonstry.	
ARTICLE IV	MANNER OF ELECTION	ON The manner in which	th the directors are elected and appointed: Majority	vote
	*************************************		~ <i>,</i>	
ARTICLE V	INITIAL OFFICERS	AND/OR DIRECTORS		
Name and Title:_	Ernest Gilcreas	President Name and	Tille: Ivie R. Burch, Treasurer	
			1002 Maple Ave	
			Panama City, FL 32401	
	Flores Bailey Will	Vice President	35 5 T	
	,	•	Title: Walter Henry	***
Address _	806 Bay Ave		614 Maple Ave 55 5	1
_	Panama City, Fl	_ 32401	Panama City, FL 32401 3	
Nome and Title.	Hanaria Saavan S	Saratari		7
			THE. ON ALL THAT THE	
	502 E. 9th St		1009 Maple Ave	
_	<u>Panama City, F</u>	L 2240]	<u> Panama City</u> FL 32401	

Name and Title:	tomer Mitchell	Name and Title:	
Address	2106 E. 8th St	Address:	
	Panama City, FL 32401		

-			
Name and Title:		Name and Title:	
Address		Address:	
,			
-			
_		· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	Elease Bailey-Wilkin	son	
Address:	806 Bay ave		
	Panama City, FL 3	2401	
ARTICLE VII	INCORPORATOR		
i ne <u>name and add</u>	ress of the Incorporator is:	1, ,,,,,,	
Name:	Elease Bailey-Wil	KINSON	
Address:	806 Bay ave Panama City, FL		
	<u> Manama City, FL</u>	<u>3240)</u>	
##t 1	_f	of for the above stated company	uston as the alone decimated in this
certificate, I am fa	ed as registered agent to accept service miliar with and accept the appointment t	of process for the above stated corport is registered agent and agree to act in th	is capacity
Elease	Bailey-Wilkinson		april 5, 2015
<u> </u>	Required Signature of Registered	Agent	Date
	ment and affirm that the facts stated here		nformation submitted in a document
	of State constitutes a third degree felony	•	0 :0
Elease	Bailey Wilkinson Required Signature of Income	rporator	april 5, 2015
	Regulated Signature of the	portuoi	15 APR
			A TO
			3

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