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COVER LETTER

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

SUBJECT:	F:BUREAU OF MORTUARY AND BENEVOLENCE, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 CO	ADDITIONAL COPY REQUIRED		
EDOM:	Clarence Monette				

313 Avenue B / P.O. box 731

Port St. Joe, FL 32457

850-899-1479

dreamon9@hotmail.com

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

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

ARTICLES OF INCOROPRATION OF BUREAU OF MORTUARY AND BENEVOLENCE, INC.

A FLORIDA CORPORATION

For the exclusive benefit of the members of the Grand, Subordinate Lodges and Auxiliaries **Knights of Pythias**

North America, South America, Europe, Asia, Africa and Australia

The undersigned, for the purpose of forming a corporation for the benefit of the members of the Grand, Subordinate Lodges and Auxiliaries Knights of Pythias North America, South America, Europe, Asia, Africa and Australia under IRC 501(c)(8) - Fraternal Beneficiary Societies & Domestic Fraternal Societies does hereby make and adopt the following Articles of Incorporation:

ARTICLE I - NAME

The name of the Corporation is: BUREAU OF MORTUARY AND BENEVOLENCE, INC.

ARTICLE II - ADDRESS

The principal office or mailing address of the Corporation shall be: 1040 Broad Street / P.O. Box 2021 Jacksonville, Florida 32203.

ARTICLE III - PURPOSES AND POWERS

The purpose of the Bureau of Mortuary and Benevolence, Inc. is hereby created for the exclusive benefit of members, to administer to the sick and suffering; to bury the dead; and to provide mutual relief to its members and endowment for their beneficiaries.

ARTICLE IV - ELECTIONS

The officers of the corporation shall consist of a Chairman, Vice Chairman, Secretary and Treasurer as provided for in the By-laws. Each Officer shall be elected annually by ballot. A majority vote shall decide the election.

ARTICLE V – DIRECTORS / OFFICERS

The management of the Corporation shall be vested in a Board of Directors. The number of Directors constituting the initial Board of Directors is five (5). The name and street address of each initial Director of the Corporation are as follows:

1.	John Franklin	7291 Clinton Hudson, Sr. Lane	Tallahassee, FL 32305
2.	Roger Nelson	840 Kirklin Avenue	Panama City, FL 32401
3.	Michael Bellamy	1111 Woodland Dr.	Tallahassee, FL 32305
4.	Henry Gunn	665 Strickland	Quincy, FL 32353
5.	Clarence Monette	313 Avenue B	Port St. Joe, FL 32456

ARTICLE VI – REGISTERED AGENT

The name and street address of the Registered Agent of the Corporation are as follows:

Clarence Monette

313 Avenue B

Port St. Joe, FL 32456i

ARTICLE VII - INCORPORATOR

The name and street address of the Incorporator of the Corporation are as follows:

Cllarence Monette

313 Avenue B

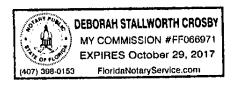
Port St. Joe, FL 32456

Clarence Monette

STATE OF FLORIDA

BEFORE ME personally appeared <u>Clarence Monette</u>, to me well known and known to me to be the person described in and who executed the forgoing articles of Incorporation and acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 12th day of Movember, 2015.



Notary Public, State of Florida

My commission expires: 10/24/17

ACCEPTANCE BY REGISTERED AGENT

THE UNDERSIGNED HEREBY accepts the appointment as Registered Agent of the Bureau of Mortuary and Benevolence, Inc. which is contained in the foregoing Articles of Incorporation.

DATED this /4th day of November, 2015.

Clarence Monette

STATE OF FLORIDA

BEFORE ME personally appeared <u>Clarence Monette</u>, to me well known and known to me to be the person described in and who executed the forgoing articles of Incorporation and acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this // day of /wenher, 2015.

DEBORAH STALLWORTH CROSBY
MY COMMISSION #FF066971
EXPIRES October 29, 2017
FloridaNotaryService.com

Dehosal Stallworth - Crossley

Notary Public, State of Florida

My commission expires: 10 / 29/17