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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB - 9 2016

COVER LETTER

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

SUBJECT: Oaklynn Cemetery Association 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: Melvin J Brown Sr.
Name (Printed or typed)

1050 Wayne Ave Apt 31
Address

New Smyrna Beach, FL 32168
City, State & Zip

386-423-7936
Daytime Telephone number

oaklynncemetery@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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Oaklynn Cemetery Association, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1050 Wayne Ave Apt 31
New Smyrna Beach, FL 32168

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To clean, restore, preserve and identify gravesites that are found.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

by majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melvin J. Brown Jr. Pres

Address: 1050 Wayne Ave Apt 32
New Smyrna Beach, FL 32168

Name and Title: Linda Thomas, Secy

Address: 3117 Carmie Dr.
Edgewater, FL 32132

Name and Title: Gwendolyn Tobler, V Pres

Address: 2703 Vista Palm Dr.
Edgewater, FL 32141

Name and Title: Asst Secy

Address:

Name and Title: Charles Miller, Treas Name and Title: _____

Address 3117 Carmie Dr. Address: _____

Edgewater, FL 32132 _____

_____ _____

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: Melvin J Brown Sr.

Address: 1050 Wayne Ave Apt 32

New Smyrna Beach, FL 32168

16 JAN 29 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Melvin J Brown Sr.

Address: 1050 Wayne Ave Apt 32

New Smyrna Beach, FL 32168

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

Melvin J. Brown Sr. 1/20/16

Required Signature of Registered Agent 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.

Melvin J. Brown Sr. 1/20/16

Required Signature of Incorporator Date