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COVER LETTER

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

	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
sed is an original a	and one (1) copy of the Ar \Box \$78.75	ticles of Incorporation and	a check for :
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate
		ADDITIONAL CO	DV DEALIDED

7571 State Road 13 N Address
Address
Saint Augustine, FL 32092
City, State & Zip
904 522-1417
Daytime Telephone nu

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE II</u>				
	PRINCIPAL OFFICE			
7571	Principal <u>street</u> address: State Road 13 N, St Augustine FL 3	2092	Mailing address, if different is:	
		·		
	PURPOSE or which the corporation is organized is: _ the Old Switzerland Cemetery	To own, improve, c	develop, care for and hold cemetery a	nd burial
————	The Old Switzerland Cemetery	 -	<u> </u>	<u>ਡ</u>
			77 FT	
			==1. 30:	
			SEE.	:: 0
			710	- 0
				5 5 6
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the dire	majority ectors are elected and appointed:	vote
	INITIAL OFFICERS AND/OR DIRE		ectors are elected and appointed:	vote
ARTICLE V	INITIAL OFFICERS AND/OR DIRE Tracy M. Johnson, President		Gerald M. Thompson, 1st VP	vote
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIRE Tracy M. Johnson, President 7571 State Road 13 N	<u>CTORS</u>	Gerald M. Thompson, 1st VP	vote
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIRE Tracy M. Johnson, President	CTORS Name and Title	Gerald M. Thompson, 1st VP	vote
ARTICLE V Name and Title Address	Tracy M. Johnson, President 7571 State Road 13 N St Augustine FL 32092	CTORS Name and Title	Gerald M. Thompson, 1st VP 1833 State Road 13 N Saint Johns FL 32259 Gwendolyn E. Johnson, Treasurer	vote
Name and Title Address	Tracy M. Johnson, President 7571 State Road 13 N St Augustine FL 32092	CTORS Name and Title Address:	Gerald M. Thompson, 1st VP 1833 State Road 13 N Saint Johns FL 32259 Gwendolyn E. Johnson, Treasurer	vote
ARTICLE V Name and Title Address	Tracy M. Johnson, President 7571 State Road 13 N St Augustine FL 32092 Richard E. Stratton Jr, 2nd VP	CTORS Name and Title Address: Name and Title	Gerald M. Thompson, 1st VP 1833 State Road 13 N Saint Johns FL 32259 Gwendolyn E. Johnson, Treasurer	vote
ARTICLE V Name and Title Address Name and Title Address	Tracy M. Johnson, President 7571 State Road 13 N St Augustine FL 32092 Richard E. Stratton Jr, 2nd VP 2258 State Road 13 N Saint Johns FL 32259	CTORS Name and Title Address: Name and Title Address:	Gerald M. Thompson, 1st VP 1833 State Road 13 N Saint Johns FL 32259 Gwendolyn E. Johnson, Treasurer 7571 State Road 13 N St Augustine FL 32092	vote
ARTICLE IV ARTICLE V Name and Title Address Name and Title Address	Tracy M. Johnson, President 7571 State Road 13 N St Augustine FL 32092 Richard E. Stratton Jr, 2nd VP 2258 State Road 13 N Saint Johns FL 32259	CTORS Name and Title Address: Name and Title Address:	Gerald M. Thompson, 1st VP 1833 State Road 13 N Saint Johns FL 32259 Gwendolyn E. Johnson, Treasurer 7571 State Road 13 N	vote

Name and Title:		Name and Title:
Address _		Address:
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Mana 1779		
		Name and Title:
Address		Address:
_	- 74	
_		
	REGISTERED AGENT	. 11 > 24 - 1 - 1
	orida street address (P.O. Box NOT accep Tracy M. Johnson	name) of the registered agent is:
Name:	7571 State Road 13 N	
Address:	St Augustine FL 32092	
	Ot Augustine 1 L 32092	
RTICLE VII	<u>INCORPORATOR</u>	
he <u>name</u> and ad	dress of the Incorporator is:	
Name:	Richard E Stratton Jr	
Address:	2258 State Road 13 N	<u> </u>
	Saint Johns FL 32259	
RTICLE VIII	EFFECTIVE DATE:	
ffective date, if a	other than the date of filing:	(OPTIONAL)
f an effective di	ite is listed, the date must be specific and	d cannot be more than five days prior or 90 days after the filing.)
ote: If the date	inserted in this block does not meet the ann	plicable statutory filing requirements, this date will not be listed as the
ocument's effect	ive date on the Department of State's recor	ds.
avina been nas	rad av posistored grant to assess assistant	dament for the latest terms of the latest term
rtificate Lam 6	miliar with and accept the appointment as	of process for the above stated corporation at the place designated in the registered agent and agree to act in this capacity
g.amer and fo	60 6 0	1/-/-
	12 3/1. 68-1000-00-	\sim
	Required Signature of Registered A	Agent
TKAC!	ment and affirm that the facts stated hereir	n are true. I am aware that any false information submitted in a docume.
TKNC Submit this docu the Department	36.7-	n are true. I am aware that any false information submitted in a docume is provided for in s.817.155, F.S.