		TRANSMITTAL LETTER	
Departr Division	ent of State of Corporations	MANAGE DE LA RECORDINATION	
P. O. Bo		9.9.4.4	
SUBJEC		Proposed corporate name - must include suffix)	
Enclosed	d is an original a  \$70.00  Filing Fee	and one (1) copy of the articles of incorporation and a check    \$\begin{align*} \\$78.75 &	
	FROM:	Dore Deon Bicowin	
		Rte 1 Box 319	
		Address Live Call FL 3060-9701 City, State & Zip	
		964-842-2433	
		Daytime Telephone number	

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

# ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE I Name

The name of the corporation shall be:

Original PullBeurers District #1 Inc

### ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

Place of Business: Original PallBearers Chapil, CR 136, Lie Oak, Fl Mail., Held ess: % Dore Braces, Rte 1 Box 219 Lie Cak, Fl 30060-

## ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

"To Visit The Sick, And Bury The Dead"

## **ARTICLE IV**

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

1. Directors elected every two years at Connual and linear 2. President appoint temporary director to Fill vacancy due death or illness until next electron Filling Fee: \$70.00

# ARTICLE V Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

#### ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Dore Dean Brown, Rte 1 Box 319, Live Cat, F1 3x60-9721

## ARTICLE VII

See instructions for officers/directors
The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Carbie Ellis, Rte 2 Box 282, Lie Oak, Fl 32660 Susie Ellis, Rte 2 Box 282, Lie Cak, Fl 32660 Rosa Martin, 211 Taylor Que, Lie Cak, Fl 32060

Typed name of incorporator signing

(un b. e Ellis

Typed name of incorporator signing

Susie Ellis

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Original PallBearers
	(must include suffix)
	District #1, Inc.

2. The name and address of the registered agent, and office is:

Dure Deun Brown
(Name)
Rte 1 Bur 219
(Street address - P. O. Box not acceptable)
Live Oat, Fl 32060-9721
(City/State/Zin)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

101 (Signature) (Signature) (Signature) (Date)