* IKANSWITTAL DETTER	
P0000	00/12/1
Department of State Division of Corporations	
P. O. Box 6327 Tallahassee, FL 32314	5000031129757 -01/27/0001071-021 ******70.00 ******70.00
SUBJECT: Rustin valuet & Monument Co. mc- (Proposed corporate name - must include suffix)	
<u></u>	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED
FROM: RONAL D. RUSHIN and KAREN K. RUSTIN	
Name (Printed or typed) AEE 8	
We RUSTID DRIVE Address	
CHIPLEY FL 32428 City, State & Zip RD 23	
850 - 1024 - 0909	

TRANSMITTAL LETTER

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

Daytime Telephone number

grald

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: RUSTIN VALLT & MONUMENT CO. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: WE RUSTIN TORIVE CHIPLEY, PL 32428

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: according to the stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: KAREN K. RUSTIN DRIVE
WHOLEY, FL BAYAR

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: KAREN K. RUSTIN

Chipter F 32428

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Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

3An. 26, 2000

Date