

TRANSMITTAL LETTER

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

SUBJECT:

Funeraria Nacional Mambi Inc
(Proposed corporate name - must include suffix)

100003264181--2
-05/23/00--01117--014
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Della Kennedy
Name (Printed or typed)

6555 NW 36th #114
Address

Miami Fla 33166
City, State & Zip

305 871-1255
Daytime Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 MAY 23 PM 1:55

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 23 PM 2:03

APPROVED
AND
FILED

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

Will Wait

6/23

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:

Funeraria Nacional mambi Inc

ARTICLE II PRINCIPAL OFFICE

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

6555 NW 36St #114

Miami Fla 33166

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Delia Kennedy

6555 NW 36St #114 Mia Fl 33166

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Delia Kennedy

6555 NW 36St #114

Mia Fl 33166

5/23/2000

Signature/Incorporator

Date

(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

Date

5/23/2000

08 MAY 23 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED