## PCCCCCCTIER 17134

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

-08/09/00--01036--009 \*\*\*\*\*78.75 \*\*\*\*\*78.75 (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$122.50 **578.75** \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed)

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

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FILED ELECTETARY OF STATE PIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

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

4 1 6

The name of the corporation shall be.	
Hill MORTUARY, Inc.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this  399 N. W. The Ave.	corporation shall be:
Ft. LAUderdale, Fl, 33311	
The number of shares of stock that this corporation is auth	orized to have outstanding at any one time is:
500 article iv initial registered agei	NT AND STREET ADDRESS
The name and Florida street address of the initial registere	d agent are:
John H. Hill II LFD, MPH	
116 N.W. 11 Ave.	
ARTICLE V INCORPORATOR	les of Incorneration are:
The name and address of the incorporator to these Article	les of meorporation are.
John Ha Hill, III	
116 N.W. 11 Auc.	
Ft. LAUderdale, Fl 33311	9 2 700
Simature/Imparator	8-7-00 Parts
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