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NEW FILINGS AMEND	MENTS
Profit	endment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal
OTHER FILINGS REGIST	RATION/QUALIFICATION .
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CR2E031(7/97)	Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CABALLERO BURIAL INSURANCE, In C

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ARTICLE II PRINCIPAL OFFICE

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

8415 S. W. 107 ave 164 W Miami Fla. 33173

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 address of the initial registered agent is:

Federico Caballero III 8415 S.W. 107 ave 164 W. Miami, Fle. 33173

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FEDERICO Caballero III 8415 S.W. 107 Ave 164W Miami Fla, 33173 President Tresurer

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30_ day (of Nov., 19 2000		"
	ANTONIO II I	<u>-</u>	
	Signature	**************************************	a, to a same a section
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	Signature	<u>, </u>	Litter of the state of the stat

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Caballero Burial Insurance Inc.	
	·	8455 S.W 107 ave No 164W miami Fla 33173	
2.	2. The name and address of the registered agent and office is: ALCO OF THE NAME OF THE PROPERTY OF THE PROPER		
	<u>Federico Caba</u>	allero III (NAME)	
-		107 Ave No 164W or Mail Drop Box NOT ACCEPTABLE)	· -
	Miami Fla.	DA IDA	·

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)

Oct 30 2000 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314