

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000010873 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

Account Name : THE DIVORCE & BANKRUPTCY CENTER

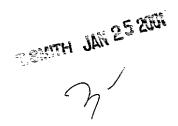
Account Number: I19990000220 : (954)946-4774 Phone

Fax Number : (954)946-7879

FLORIDA PROFIT CORPORATION OR P.A.

All Care Burial and Cremation Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



H010000108737

ARTICLES OF INCORPORATION OF ALL CARE BURIAL AND CREMATION SERVICES

ARTICLE I. CORPORATE NAME

The name of this corporation is All Care Burnl and Cremation Services, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is 2267 South University Drive Davie, Florida 33324.

ARTICLE III. CAPITAL STOCK

The maximum number of shares this corporation is authorized to issue is 1,000, all of which shall be common shares. All common shares shall be identical with each other in avery respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent are John Maldonado Deogracio, 37221 SW 39th Avenue, Hollywood, Fl., Florida 33023

ARTICLE V. INCORPORATORS

The name and street address of the incorporator of these articles of incorporation is:

Name

Address

John Maldonado Deogracio

37221 SW 39th Avenue

Hollywood, Fl. Hollywood, Fl. 33023

The undersigned has executed these articles of incorporation on November 5, 2000.

Deografor Della So

H010000108737

H010000108737

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF P.S. 607 0501, 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: All Care Burial and Cramation Services
- The name and address of the registered agent and office is:

John Maldonado Deogracio 37221 SW 39th Avenus Hollywood, FI . 33023

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.

January 24, 2001

John Maldonado Deograpio

