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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	I a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: TRACY BUTTRICK Name (Printed or typed)				
210 COLONY WAY W				
JUPITER FL 33458				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: ALPHA OMEGA BEREAVEMENT SERVICE, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 210 COLONY WAY WEST JUPITER, FL 33458 ARTICLE III PURPOSE The purpose for which the corporation is organized is: BEREAVEMENT É MEMORIAL SERVICE CONSULTANT ARTICLE IV SHARES ONE HUNDRED The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): TRACY BUTTRICK, PRES, 210 COLONY WAY W. JUPITER, FL 33458 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: TRACY BUTTRICK 210 COLONY WAY W. JUPITER FL 33458 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: TRACY BUTTRICK 210 COLONY WAY W. JUPITER, FL 33458 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator