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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Continue of Challes				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Opecial management to 1 ming officer.				
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: BROWN CASKETS, INC				
-	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed is an original	al and one(1) copy of the article	es 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	
	:	ADDITIONAL CO	Status PY REQUIRED	
FROM: BROWN CASKETS, ANC Name (Printed or typed)				
7370 NW 36 Sty #377 Address				
Mianu FL 33,66 City, State & Zip				
305- 471-020/ Daytime Telephone number				

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 NAME

The name of the corporation shall be:

BROWN CASKETS, INC

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

7370 NW 36 SA #377

MIAMI FL 33166 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FUNERAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SORGE A. VILLENA

7370 NW 36 St #372 MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAME

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 afcept fre appointment as registered agent and agree to act in this capacity

Signature/Registered Ag

Signature/Incorporator