

P04000062720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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04 APR 15 AM 9:29

RECEIVED  
MILWAUKEE, FLORIDA

04 APR 15 AM 8:43

4/15/

## TRANSMITTAL LETTER

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

SUBJECT: HINES & SIMMONS FUNERAL HOME  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles 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  
Status

ADDITIONAL COPY REQUIRED

FROM:

HINES & SIMMONS FUNERAL HOME  
Name (Printed or typed)

P.O. BOX 1613  
Address

LAKE CITY, FLA. 32056  
City/State & Zip

850-264-3506 - 386-782-3862  
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:

HINES & SIMMONS FUNERAL HOME, INC.

04 APR 15 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1613  
Lake City, Fla. 32056

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To service the community  
as a Funeral Home.

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charles E. Hines, Jr. CEO  
Ida L. Simmons, Director, President  
Naomi Jefferson V. President  
Shannon Willis Treasurer

Sybil Thomas, Secretary  
Veternyer J. Miller, Director

## ARTICLE VI REGISTERED AGENT

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

Ida L. Simmons, President  
4532 Cascade Dr.  
TALL. FLA. 32310

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ida L. Simmons, President  
4532 Cascade Dr.  
TALL. FLA. 32310

\*\*\*\*\*  
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

Date

4/14/04

Signature/Incorporator

Date

4/14/04