

P040000096995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

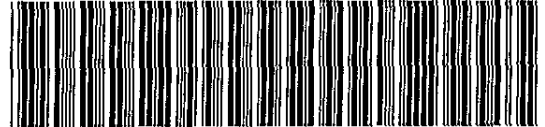
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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6/25/04

## TRANSMITTAL LETTER

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

SUBJECT: EXCLUSIVE FUNERAL SERVICES, INC  
(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: GRACE M. LAPOINTE  
Name (Printed or typed)

4615 NW 22nd Avenue  
Address

MIAMI, FLORIDA 33142  
City, State & Zip

305-637-7555  
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:

EXCLUSIVE FUNERAL SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4615 NW 22nd Avenue  
Miami, Florida 33142

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business under the laws of Florida

## ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1000) shares common stock Par value One Dollar each

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Grace M. Lapointe - PRESIDENT/TREASURER  
4615 NW 22nd Avenue  
Miami, FL 33142

## ARTICLE VI REGISTERED AGENT

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

Grace M. Lapointe  
4615 NW 22nd Avenue  
Miami, FL 33142

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grace M. Lapointe  
4615 NW 22nd Avenue  
Miami, FL 33142

\*\*\*\*\*  
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

6/23/04

Date

  
\_\_\_\_\_  
Signature/Incorporator

6/23/04

Date

FILED  
04 JUN 25 PM 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA