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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

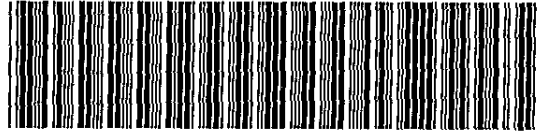
(Business Entity Name)

(Document Number)

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

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**Brooks Cremations, Inc.**

**1995 E. Oakland Park Blvd. Ste 110  
Ft. Lauderdale, FL 33306  
FL Lic KB 373**

**954-525-5405**

**Toll Free 1-877-525-5401**

**Fax> 954-565-1333**

**[www.brookscremations.com](http://www.brookscremations.com)**

# FAX/Memo

**To:** Department of State  
Division of Corporations

**From:** Marc Brooks

**Date:** 9/20/2004

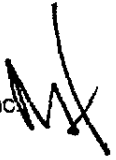
**Re:** Inc. documents

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Please return the Certified papers in the enclosed DHL Express envelope.

Thanks,

Marc W. Brooks  
Brooks Cremations, Inc.  
1 page (s) in this fax



PLEASE NOTE: These documents may contain confidential information protected by State and/or Federal Law. The information is intended only for the use of the individual or entity named above. If you are not the recipient, be advised that any disclosure or distribution of the contained information is strictly prohibited. If you have received these documents in error, please notify us to arrange return of the documents.

## TRANSMITTAL LETTER

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

**SUBJECT:** Brooks Cremation and Funeral Service, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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:** Brooks Cremation and Funeral Service, Inc.

Name (Printed or typed)

1509 SW 1st Avenue

Address

Fort Lauderdale, FL 33315

City, State & Zip

954-525-5405

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:

Brooks Cremation and Funeral Service, Inc.

### **ARTICLE II     PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1509 SW 1 Avenue, Fort Lauderdale, FL 33315

### **ARTICLE III     PURPOSE**

The purpose for which the corporation is organized is:  
Cremation and Funeral Services

### **ARTICLE IV     SHARES**

The number of shares of stock is:  
1000

### **ARTICLE V     INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Jack B. Hagin-701 W. Green Street, Perry, FL 32348 President; Secretary  
Marc Brooks--1434 NE 23 Street, Ft. Lauderdale, FL 33315 V.Pres/ Treas

### **ARTICLE VI     REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marc Brooks--1509 SW 1 Avenue, Ft. Lauderdale, FL 33315

### **ARTICLE VII     INCORPORATOR**

The name and address of the Incorporator is:

Marc Brooks--1434 NE 23 Street, Ft. Lauderdale, FL 33305

\*\*\*\*\*

*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

20 September 2004

\_\_\_\_\_  
Date

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

20 Sept 2004  
\_\_\_\_\_  
Date