

**PD7000029708**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

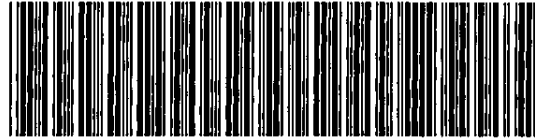
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**900089011019**

02/23/07--01033--020 \*\*87.50

**FILED**  
2007 MAR -7 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 3-8

**COVER LETTER**

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

**SUBJECT:** South Florida Perpetual Care 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:** Eugenia Hankerson

Name (Printed or typed)

1239 NW 27 Avenue

Address

Pompano Beach, Florida 33069-1852

City, State & Zip

954 588-8114

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2007

EUGENIA HANKERSON  
1239 NW 27 AVE.  
POMPANO BEACH, FL 33069-1852

SUBJECT: SOUTH FLORIDA PERPETUAL CARE INC.  
Ref. Number: W07000009497

We have received your document for SOUTH FLORIDA PERPETUAL CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 307A00013517

# 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:

South Florida Perpetual Care Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1239 NW 27 Avenue Pompano Beach Florida 33069

665 SW 27 Avenue FLand 33312  
- mailing address

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide a maintance and cleaning service for grave sites markers and headstones.

## ARTICLE IV SHARES

The number of shares of stock is:

one

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eugenia Hankerson/1239 nw 27 avenue pompano beach fl 33069/principle officer

## ARTICLE VI REGISTERED AGENT

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

Eugenia Hankerson 1239 NW 27 Avenue Pompano Beach FI 33069

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eugenia Hankerson 1239 NW 27 Avenue Pompano Beach Florida 33069

\*\*\*\*\*

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

Eugenia Hankerson

Signature/Registered Agent

Eugenia Hankerson

Signature/Incorporator

FILED

2007 MAR -7 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/4/07

Date

3/4/07

Date