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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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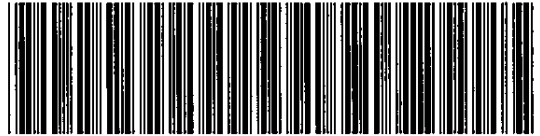
(Business Entity Name)

(Document Number)

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07 DEC 17 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/18/07

COVER LETTER

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

SUBJECT: Northeast Florida Cremation Society, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Wayne R. Compton, Esquire
Name (Printed or typed)

7436 Lem Turner Road
Address

Jacksonville, FL 32208
City, State & Zip

904 - 765-7137
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

NORTHEAST FLORIDA CREMATION SOCIETY, INC.

FILED
07 DEC 17 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, files this document for the purpose of becoming a corporation for profit under the laws of the State of Florida, and do hereby certify that I have become such corporation, pursuant to the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation is NORTHEAST FLORIDA CREMATION SOCIETY, INC.

ARTICLE II. DURATION

This corporation is to have a perpetual existence.

ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any or lawful business as permitted by laws of the State of Florida.

ARTICLE IV. CAPITALIZATION

This corporation is authorized to issue One Thousand (1,000) shares of One Dollar (\$1.00) par value common stocks.

ARTICLE V. PREEMPTIVE RIGHTS

Every stockholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his or her pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1426 Rowe Avenue, Jacksonville, Florida 32208 and the name of the initial registered agent of this corporation at that address is Mark H. Pittman, and the principal place of business is the same.

ARTICLE VII. INITIAL BOARD OF DIRECTORS

This corporation shall have four (4) directors initially. The number of directors may either be increased or diminished from time to time by the By-Laws but shall never be less than one (1).

The name and addresses of the initial director of this corporation is:

Mark H. Pittman	1426 Rowe Avenue Jacksonville, Florida 32208
Rod Dixon	1426 Rowe Avenue Jacksonville, Florida 32208
Jerry Nackashi	1426 Rowe Avenue Jacksonville, Florida 32208
Robert Wood	1426 Rowe Avenue Jacksonville, Florida 32208

ARTICLES OF INCORPORATORS

The name and address of the person signing these articles are:

Mark H. Pittman	1426 Rowe Avenue Jacksonville, Florida 32208
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IN WITNESS WHEREOF, I have executed these Articles of
Incorporation in duplicate this 7th day of December, 2007.

WITNESS:

Walter B. Conception
Linda K. Hancock

Mark H. Pittman
MARK H. PITTMAN

FILED
97 DEC 17 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, the undersigned authority, duly authorized by
law to administer oaths and take acknowledgments, personally
appeared MARK H. PITTMAN, to me well known to be the person
described in and who executed the foregoing Articles of
Incorporation and before me, acknowledged his signature and to free
act and deed for the uses and purposes therein stated.

WITNESS my hand and official seal at Jacksonville, Duval
County, Florida, this 7th day of December 2007.

Linda K. Hancock

Notary Public

State of Florida at Large

My Commission Expires



Linda K. Hancock

Commission # DD430579

Expires May 17, 2009

Bonded Troy Pain - Insurance, Inc. 800-368-7019

I am hereby familiar with and accept the duties and
responsibilities as Registered Agent for NORTHEAST FLORIDA
CREMATION SOCIETY, INC.

Mark H. Pittman
MARK H. PITTMAN