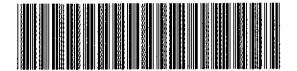
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COVER LETTER

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

SUBJECT:	Crawford & Moultry Funeral Home, Inc.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	les 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 CO	PY REQUIRED	
FROM:	Chris Moultry Name (Printed or typed)			
	693 Lincoin Dr			
	Address			
Chattahoochee, FL 32324				
	City, S	State & Zip		
B50-663-4224 Daytime Telephone number				
	Daytime Te	repriette number		
	E-mail address: (to be used	for future annual report r	notification)	

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

ARTICLES OF INCORPORATION

Fin compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Crawford & Moultry Funeral Home, Inc.

FILED
09 JUL 30 PH 12: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 693 Lincoln Dr.
Chattahoochee. FL 32324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business structure reorganization

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christopher Moultry, 849 Lincoln Drive, Chattahoochee, FL 32324-President Jessica Moultry, 849 Lincoln Drive, Chattahoochee, FL 32324-Director

ARTICLE VI REGISTERED AGENT

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

Christopher Moultry, 849 Lincoln Drive, Chattahoochee, FL 32324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christopher Moultry, 849 Lincoln Drive, Chattahoochee, FL 32324

**************	**********
Having been named as registered agent to accept service of proce- place designated in this certificate, I am familiar with and accept	-
agree to act in this capacity	
Chio Mouth	7-28-09
Signature/Registered Agent	Date
Chris Mot State	
Signature/Incorporator	Date