

710000037947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

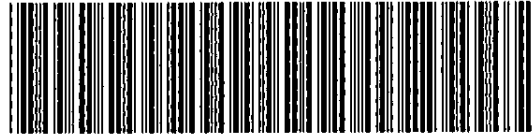
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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10 MAY -4 AM 9:14

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 MAY -4 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Heaven Sent Recovery Services 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: Christopher Moore  
Heaven Sent Recovery Services Inc.  
Name (Printed or typed)

209 North Lowe Street  
Address

Quincy, Florida 32351  
City, State & Zip

(850) 210-2435  
Daytime Telephone number

Chrismoore10910@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY - 4 AM 9:31

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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:

Heaven Sent Recovery Service Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

209 North Lowe Street (Quincy, FL 32351)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To receive and deliver dead bodies

**ARTICLE IV SHARES**

The number of shares of stock is:

5

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

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

Christopher Moore  
209 North Lowe Street (Quincy, FL) 32351

**ARTICLE VI REGISTERED AGENT**

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

Christopher Moore  
209 North Lowe Street (Quincy, FL) 32351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christopher Moore  
209 North Lowe Street (Quincy, FL) 32351

\*\*\*\*\*

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

Christopher Moore  
Signature/Registered Agent

5-4-10  
Date

Christopher Moore  
Signature/Incorporator

5-4-10  
Date

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE