

PID 000040371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

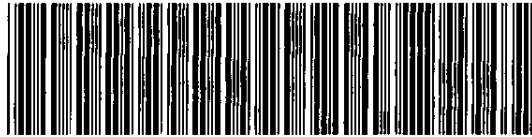
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600180615766

05/10/10 01023-010 **87.50

FILED

2010 MAY 10 P 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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

FROM: Krista Kottler

Name (Printed or typed)

385 Shadow Wood Lane

Address

Coral Springs, FL 33071

City, State & Zip

954-729-4835

Daytime Telephone number

Leckot@juno.com

E-mail address: (to be used for future annual report notification)

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:

Anubis Funeral Supplies Inc.

ARTICLE II PRINCIPAL OFFICE

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

385 Shadow Wood Lane
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

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):

Krista Kottler	Scott Leckie
385 Shadow Wood Lane	385 Shadow Wood
Coral Springs, FL 33071	Lane Coral Springs,
President and owner	FL 33071 VP

ARTICLE VI REGISTERED AGENT

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

Scott Leckie
385 Shadow Wood Lane
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

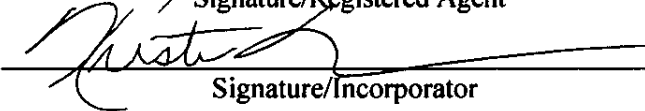
The name and address of the Incorporator is:

Krista Kottler
385 Shadow Wood Lane
Coral Springs FL 33071

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



Signature/Incorporator

FILED

2010 MAY 10 P 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/5/10

Date

5/5/10

Date