

P11000046474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

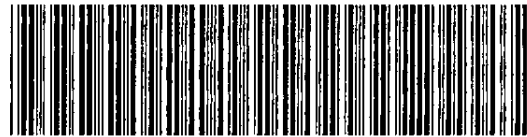
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

611-619  
W11000246000



700206970287

05/02/11--01050--009 \*\*87.50

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2011 MAY 13 PM 4:45

5/16/11

## COVER LETTER

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

**SUBJECT:** Cremation Nation 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:** Steven Fischman

Name (Printed or typed)

15200 Jog Rd.

Address

Delray Beach, Florida 33446

City, State & Zip

954-849-8529

Daytime Telephone number

fischman7@aol.com

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 MAY 13 PM 4:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY 13 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 3, 2011

STEVEN FISCHMAN  
15200 JOG ROAD  
DELRAY BEACH, FL 33446

SUBJECT: CREMATION NATION INC.  
Ref. Number: W11000024606

We have received your document for CREMATION NATION 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00010730

2011 MAY 13 PM 4:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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: Cremation Nation Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15200 Jog Rd.  
Delray Beach, FL 33446

2011 MAY 13 PM 4:46  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Market and provide cremation services to the public, with in the laws of the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Steven Fischman/President  
Address: 15200 Jog Rd.  
Delray Beach, FL 33446

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

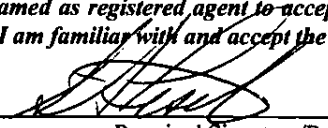
Name: Steven Fischman  
Address: 15200 Jog Rd. Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

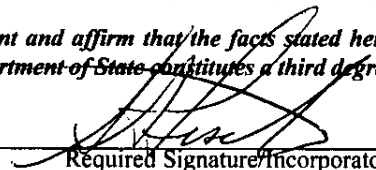
Name: Steven Fischman  
Address: 15200 Jog Rd., Delray Beach, FL 33446

*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*

  
Required Signature/Registered Agent

5/9/11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

5/9/11  
Date