

P12000036073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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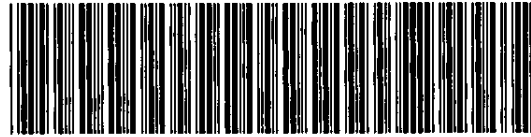
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/12--01042--011 **78.75

FILED
12 APR 16 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

L. Burch APR 17 2012

COVER LETTER

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

SUBJECT: Mullen Mausoleums Construction, 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: Mullen Mausoleum Construction, Inc.
Name (Printed or typed)

23 Seahorse Lane
Address

Vero Beach, FL 32960
City, State & Zip

772-418-2180
Daytime Telephone number

mullenmausoleums@bellsouth.net
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: Mullen Mausoleum Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
23 Seahorse Lane
Vero Beach, FL 32960

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction of Mausoleums, crypts, columbarias and other cemetery structures

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Connie E. Bishop, President-Secretary
Address: 23 Seahorse Lane
Vero Beach, FL 32960

Name and Title: _____
Address: _____

Name and Title: Chuck Ferrell, Vice President-Treasurer
Address: 4654 Longbow Road South
Jacksonville, FL 32210

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: Connie E. Bishop
Address: 23 Seahorse Lane
Vero Beach, FL 32960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Connie E. Bishop
Address: 23 Seahorse Lane
Vero Beach, FL 32960

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

Connie E. Bishop, President
Required Signature/Registered Agent

April 11, 2012
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.

Connie E. Bishop
Required Signature/Incorporator

April 11, 2012
Date