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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 06 2012

COVER LETTER

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

SUBJECT: Mausoleum Supply Incorporated

(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: Peter M. Flood

Name (Printed or typed)

7220 Millbrook Oaks Dr.

Address

Lakeland, FL 33813

City, State & Zip

863-701-0520

Daytime Telephone number

peteflood@yahoo.com

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

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TALLAHASSEE, FLORIDA

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: **Mausoleum Supply Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7220 Millbrook Oaks Dr.
Lakeland, FL 33813

Mailing address, if different is:
P.O. Box 5044
Lakeland, FL 33807-5044

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The manufacture and sale of mausoleum trays and casket enclosures

ARTICLE IV SHARES

The number of shares of stock is: **1,000. One Thousand**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Peter M. Flood - President</u>	Name and Title: _____
Address: <u>7220 Millbrook Oaks Dr.</u>	Address: _____
<u>Lakeland, FL 33813</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

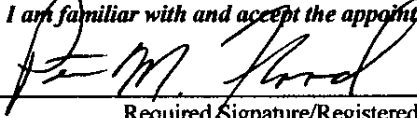
Name: Peter M. Flood
Address: 7220 Millbrook Oaks Dr.
Lakeland, FL 33813

ARTICLE VII INCORPORATOR

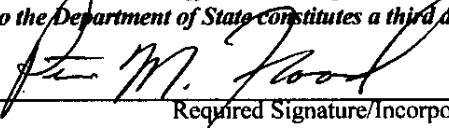
The name and address of the Incorporator is:

Name: Peter M. Flood
Address: 7220 Millbrook Oaks Dr.
Lakeland, FL 33813

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	<u>July 31, 2012</u> Date
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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	<u>July 31, 2012</u> Date
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