

P13000013894

(Requestor's Name)

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☐ PICK-UP

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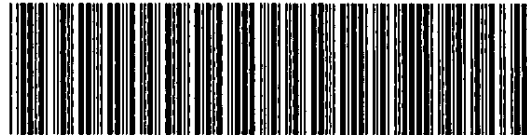
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED "2" TO ARTICLE  
IV (SHARES) PER  
TELEPHONE CONVERSATION  
WITH ENOCH MILLER.

*✓* 02/11/13

Office Use Only



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02/08/13--01022--010 \*\*78.75

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13 FEB -8 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*✓* 02/11/13

COVER LETTER

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

SUBJECT: ENOCH FUNERAL HOMES, 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: ENOCH MiliEN  
Name (Printed or typed)

12620 NE 4<sup>th</sup> AVE  
Address

NORTH MIAMI FL 33161  
City, State & Zip

(305) 321-6462 or 786 487-6836  
Daytime Telephone number

MIRANDA B MiliEN@gmail.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: ENOCH FUNERAL HOMES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12620 NE 4<sup>th</sup> AVE  
NORTH MIAMI FL 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ASSIST OUR COMMUNITY.

**ARTICLE IV SHARES**

The number of shares of stock is:

2

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

Name and Title: RCV: ENOCH MILIEN (CEO) Name and Title:

Address: 12620 NE 4<sup>th</sup> AVE Address:  
NORTH MIAMI FL

(PD)

Name and Title: MIRANDA BRANDT-MILIEN Name and Title:

Address: 12620 NE 4<sup>th</sup> AVE Address:  
NORTH MIAMI FL 33161

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: ENOCH MILIEN  
Address: 12620 NE 4<sup>th</sup> AVE  
NORTH MIAMI FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ENOCH MILIEN  
Address: 12620 NE 4<sup>th</sup> AVE  
NORTH MIAMI FL 33161

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TALLAHASSEE, FLORIDA

*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*

Enoch Milien  
Required Signature/Registered Agent

2/5/13  
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.*

Enoch Milien  
Required Signature/Incorporator

2/5/13  
Date