

P/400010165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 29 PM 12:30

[Handwritten signature]

COVER LETTER

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

SUBJECT: Siders Funeral Home Corp

(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: Anthony Q. Siders

Name (Printed or typed)

2503 Old Dixie Highway

Address

Riviera Beach, Florida 33404

City, State & Zip

561-797-3500

Daytime Telephone number

sidersfunerals@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 29 PM 12:30

ARTICLE I NAME
The name of the corporation shall be: Siders Funeral Home Corp

ARTICLE II PRINCIPAL OFFICE
Principal street address

2503 Old Dixie Highway
Riviera Beach, Florida
33404

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Funeral Home/Mortuary

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Shirley A. Rutledge/ President</u>	Name and Title:	_____
Address	<u>19331 NW 19th Avenue</u>	Address:	_____
	<u>Miami Gardens, Florida</u>		_____
	<u>33056</u>		_____

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

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

(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: Shirley A. Rutledge

Address: 19331 NW 19th Avenue
Miami Gardens, Florida 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shirley A. Rutledge

Address: 19331 NW 19th Avenue
Miami Gardens, Florida 33056

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

1/20/2014
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

1/20/2014
Date