

P/4000035015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

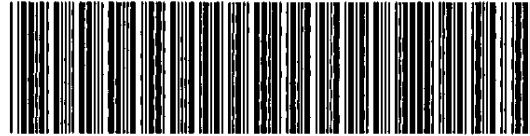
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500259108995

04/17/14--01013--003 \*\*122.50

FILED  
14 APR 17 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 04/18/14

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Mullins Memorial Funeral Home & Cremation Service  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Shannon Mullins  
Contact Person

Mullins Memorial Funeral Home & Cremation Service  
Firm/Company

1056 NE 7th Terrace  
Address

Cape Coral, FL 33909  
City, State and Zip Code

Shannon @ mullinsmemorial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Mullins at (239) 242-0909  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Mullins Memorial Funeral Home & Cremation Service LLC  
Enter Name of Other Business Entity (LL-22434)

2. The "Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on February 23, 2011  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Mullins Memorial Funeral Home & Cremation Service, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

FILED  
14 APR 17 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 15 day of April, 2014.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: S. D. Mullins

Printed Name: Shannon Mullins Title: Chairman

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

\* Signature: S. D. Mullins  
Printed Name: Shannon Mullins Title: Owner

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201-0038

Notice	CP261
Notice date	March 24, 2014
Employer ID number	27-5082863
To contact us	Phone 1-800-829-0115

Page 1 of 3

043116.425421.56235.4687 1 AT 0.406 530

043116.425421.56235.4687 1 AT 0.406 530

MULLINS MEMORIAL FUNERAL HOME &  
SHANNON D MULLINS SOLE MBR  
1056 NE 7TH TER  
CAPE CORAL FL 33909-3149

043116

We've accepted your S corporation election

## You will be treated as an S corporation starting January 1, 2014

We've accepted your S corporation election. As a result, your tax year will end in December, and you will be treated as an S corporation starting January 1, 2014.

### What you need to do

You don't need to take any action.

Review this notice to understand some of the obligations and responsibilities as an S corporation.

Continued on back...



MULLINS MEMORIAL FUNERAL HOME &  
SHANNON D MULLINS SOLE MBR  
1056 NE 7TH TER  
CAPE CORAL FL 33909-3149

Notice	CP261
Notice date	March 24, 2014
Employer ID number	27-5082863

### Contact information

INTERNAL REVENUE SERVICE  
OGDEN UT 84201-0038

If your address has changed, please call 1-800-829-0115 or visit [www.irs.gov](http://www.irs.gov).

☐ Please check here if you've included any correspondence. Write your Employer ID number (27-5082863) on any correspondence.

<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Primary Phone	Best time to call
Secondary Phone	Best time to call

043116.425421.56235.4687 1 AT 0.406 530

275082863 0W 00 2 000000

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: Mullins Memorial Funeral Home  
& Cremation Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1056 NE 7th Terrace  
Cape Coral, FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide final care in the form of:  
- Embalming  
- Cremation  
- Funeral Directing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Mullins, Chairman  
Name and Title:

Address: 1056 NE 7th Terrace  
Cape Coral, FL 33909  
Address:

Name and Title: Sheila Mullins, Secretary/Treasurer  
Name and Title:

Address: 1056 NE 7th Terrace  
Cape Coral, FL 33909  
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: Shannon Mullins  
Address: 1056 NE 7th Terrace  
Cape Coral, FL 33909

FILED  
14 APR 17 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shannon Mullins  
Address: 1056 NE 7th Terrace  
Cape Coral, FL 33909

\*\*\*\*\*  
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

S. D. Dupuy  
Required Signature/Registered Agent

April 15, '14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

S. D. Dupuy  
Required Signature/Incorporator

April 15, '14  
Date

FILED  
14 APR 17 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA