

PI60000 57429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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APPROVED
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COVER LETTER

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

SUBJECT: _____

Funerals By Richardson, 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: _____

Patricia R. Ash

Name (Printed or typed)

1650 West Tennessee St.

Address

Tallahassee Florida 32304

City, State & Zip

(850) 545-4411

Daytime Telephone number

funeralsbyrichardson@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

16 JUL 13 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Funerals By Richardson, Inc.

ARTICLE II PRINCIPAL OFFICE

Patricia R. Ash Principal street address

Mailing address, if different is:

1650 West Tennessee St.
Tallahassee Florida 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Legal & Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia R. Ash - CEO Name and Title: _____

Address: 1650 West Tennessee St. Address: _____
Tallahassee, Florida 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 JUL 13 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROPRIATE
FILED

**FILING CANCELLED
RETURNED CHECK**

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: Patricia R. Ash
Address: 1650 West Tennessee St.
Tallahassee FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia R. Ash
Address: 1650 West Tennessee St.
Tallahassee, FL 32304

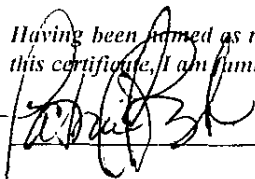
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/13/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

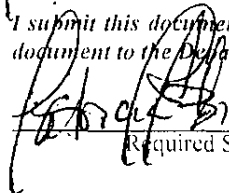
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/13/16
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

7/13/16
Date

SECRET
TALLAHASSEE, FLORIDA

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