P16000094922

·						
(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:						

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SECRIFARY OF STATE
TALLAHASSEE, FLORID

V HERRING DEC -2 2016

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COVER LETTER

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

Florida Burial Plans, Inc.

ehiggin2411@yahoo.com

SUBJECT:					
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an	origi	nal and one (1) copy of the arti	icles of incorporation and	d a check for:	
	8	····· ····· (- / f ,			
\$70.0	00	\$78,75	\$78.75	□ \$87.50	
Filing Fo		Filing Fee	Filing Fee	Filing Fee,	
		& Certificate of Status	& Certified Copy	Certified Copy	
		a certificate of Status	a commod copy	& Certificate of	
			1	Status	
			ADDITIONAL CO	-	
			ADDITIONAL COPY REQUIRED		
FROM:	. Will	iam Earl Higginbotham			
r KOWI,	•	Name	(Printed or typed)		
			(
	562	Laguna Court			
			Address		
		4	Addi ess		
	Ovie	do, Fl. 32765			
		City,	State & Zip		
	407	574-0731			
	+0/-				
Daytime Telephone number					

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

WILLIAM EARL HIGGINBOTHAM 562 LAGUNA COURT OVIEDO, FL 32765

SUBJECT: FLORIDA BURIAL PLANS, INC.

Ref. Number: W16000078739

We have received your document for FLORIDA BURIAL PLANS, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$70.00.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 916A00025113

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profile NOV 31 AM 10: 06

ARTICLE I NAME The name of the corporation shall	Florida Burial Plans,Inc.	SECRELARY OF STATE SALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL O		Mailing address, if different is:
562 Laguna Court		
Oviedo, Fl. 32765		
ARTICLE III PURPOSE The purpose for which the corpo	ration is organized is: Any legal b	usiness in the state of Florida.

ARTICLE V INITIAL OFFI	CERS AND/OR DIRECTORS n Earl Higginbotham, President	Name and Title:
Address	guna Court	Address:
	, Fl. 32765	
Name and Title:		Name and Title:
Address		Address:
	··· •	
Name and Title:		
		Name and Title:

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Name a	and Title:	Name and Title:	SLUMETARY OF STATE
Addre	SS	Address:	20M/gg
			
Abelian	hr crompnen / crown		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
Name:	William Earl Higginbotham		
Address:	562 Laguna Court		
	Oviedo. Fl. 32765		
40mac = 1/44	W.GODBOD (700		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	William Earl Higginbotham		
Address:	562 Laguna Court		
	Oviedo, Fl. 32765		
			
Effective date,	if other than the date of filing: / JAN, date is listed, the date must be specific and c		
Note: If the da	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements.	ents, this date will not be listed as
his certificate, .	amed as registered agent to accept service of pr I am familiar with and accept the appointment o	is registered agent and agree i	poration at the place designated in to act in this capacity
Z	Regulated Signature/Registered Agent	·	11/16/16
	Required Signature/Registered Agent		Date
submit this de	ocument and affirm that the facts stated herein e Department of State constitutes a third degree	are true. I am aware that th	e false information submitted in a 7.155, F.S.
4	al Magnifiation		11/16/16
Rea	uired Signature Oneorporator		Date