(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



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CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

X	CERTIFIED COPY	
	РНОТОСОРУ	
<u> </u>	cus	
abla	FILING	JnC.
_	(CORPORATE NAME AND DOCUMENT #)	Home's & Crematory Inc
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
-	(CORPORATE NAME AND DOCUMENT #)	
-	(CORPORATE NAME AND DOCUMENT #)	
-	(CORPORATE NAME AND DOCUMENT #)	

COVER LETTER

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

SUBJECT: Mi	AMI FUNERAL HOM	ne's & Crema	tory Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUPFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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		
EDOM.	الماد د مراطوری	ADDITIONAL CO	PY REQUIRED		
FROM:	Cynthia Wil	· -			
	1501 NE 54				
	Fort Lau	derdale State & Zip			
954 - 355 - 0030 Daytime Telephone number					
	Minmi FH18 0 E-mail address: (to be use	Gmail (pm d 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 1 NAME The name of the corporation	on shall be: MIAMI Funeral +	louis é	crematory Inc	
ARTICLE II PRINCI			Mailing address, if different is:	
	6th Street #4			
Fort Land	erdelu FL 3334	-		
ARTICLE III PURPOS The purpose for which the	<u>SE</u> e corporation is organized is: <u>Any I</u>	rad Bu	uSne85	
			18. SEC	<u>.</u>
			AH.	<u> </u>
			18 ARY SSE	
			PH OF E. F	
			51.51	
·				-
	tock is: 1000 OFFICERS AND/OR DIRECTORS Cynthia William 5-VP	None and This	Keushaun Kinglock	<u>.</u> – D
	ISO NE 56 th #4	Address:	1501 HE 56th 5+ +4	!
	Fort Landerdole FZ 33		Fort Lauderdde FI 3	
Name and Title:		Name and Title		
Address		Address:		
Name and Title:		Name and Title	; <u> </u>	
Address		Address:		

Name and	Title:	Name and Title:	
Address		Address:	<u> </u>
ARTICLE YI R	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Address:	1631 W Joe Road		
	BOCA RATON FL 33631		S #
ARTICLE VII I	NCORPORATOR		FIL 18 MAY 18 SEURE YARY ALL AHASSE
The name and ad	dress of the incorporator is:		MAY 18 PH 2: 05 CRETARY OF STATE AHASSEE, FLORID
Name:	Cyuthia William S		E OF P
Address:	1501 NE 86 4 St 41	(2: 0 STAT CLORU
	1501 NE 56 th St #1	3 Y	
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective diffiling.)	ate is listed, the date must be specific and canno	t be more than five days prior o	er 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this	date will not be listed as
Having been nun this cartificate, I	ed at registered agent to accept service of process in fautiliar with and accept the appointment as reg	for the above stated corporation Sistered agent and agree to act in	at the place designated in this capacity
()			05-16-2018
	Required Signature/Registered Agent		15000
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the faise i y as provided for in s.817.155, F.	nformation submitted in a S.
_	red Signature/Incorporator	<u> </u>	05/16/2018
Kedni	ted Stikutintermenthorami		