

P19000075513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

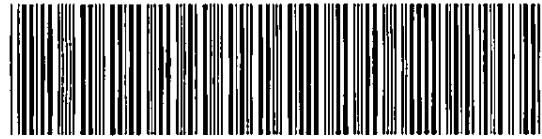
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300335404333

10/09/19--01002--001 **78.75

19 OCT -8 PM 3:39

FILED
2019 OCT -8 PM 3:48
CLERK OF COURT
CLERK OF COURT

N CULLIGAN

OCT 8 2019

COVER LETTER

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

SUBJECT: Grace Funeral & Cremation Services 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Demario L. Scott

Name (Printed or typed)

113 South Drive

Address

Lake Wales, FL 33859

City, State & Zip

850-661-9203

Daytime Telephone number

lorra@shepardaccounting.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)

ARTICLE I NAME

The name of the corporation shall be: Grace Funeral & Cremation Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2758 Coastal Hwy 98

PO Box 777

Crawfordville FL 32327

Crawfordville FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and All Business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Demario L Scott, President

Name and Title: _____

Address 113 South Dr

Address: _____

Lake Wales, FL 33859

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2019 OCT - 8 PM 3:48
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Demario L Scott
Address: 113 South Dr
Lake Wales, FL 33859

FILED
2019 OCT -8 PM 3:48
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Demario L Scott
Address: 113 South Dr
Lake Wales, FL 33859

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/04/2019, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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:

Demario Scott 10/08/2019
Required Signature/Registered Agent 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.

Demario Scott 10/08/2019
Required Signature/Incorporator Date