

P20000012028

(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



100340564311

FILED

2020 FEB 11 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 FEB 11 4:14:06

FEB 12 2020

K Brumbley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 177141 7247594

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : February 11, 2020

ORDER TIME : 1:50 PM

ORDER NO. : 177141-005

CUSTOMER NO: 7247594

DOMESTIC FILING

NAME: AFG AMERICAN MEMORIAL, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** AFG AMERICAN MEMORIAL, 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:** DEAN SHELTON  
Name (Printed or typed)

220 Ponte Vedra Park Drive, Suite 220  
Address

Ponte Vedra Beach, Florida 32082  
City, State & Zip

904-686-1470  
Daytime Telephone number

dshelton@tsiglobe.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: AFG AMERICAN MEMORIAL, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

220 Ponte Vedra Park Drive, Suite 220

Ponte Vedra Beach, FL 32082

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to buy and sell cemetery plots.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Fatema Bayat, President

Name and Title: \_\_\_\_\_

Address 220 Ponte Vedra Park Drive

Address: \_\_\_\_\_

Suite 220

Ponte Vedra Beach, FL 32082

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 FEB 11 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, 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: Dean Shelton

Address: c/o TSI, Inc. 220 Ponte Vedra Park Dr., Ste 220

Ponte Vedra Beach, FL 32082

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dean Shelton

Address: TSI, Inc.  
220 Ponte Vedra Park, Dr., Ste 220

Ponte Vedra Beach, FL 32082

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Dean Shelton  
Required Signature/Registered Agent

2/11/20  
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.*

Dean Shelton  
Required Signature/Incorporator

2/11/20  
Date