TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	First (	Const Crei	mation Inc.	
SULVEC1.	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70,00 Filing Fee

\$78.75 Filing Fee & Certificate

S122,50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

SAMES Told McKrozie
Name (Printed or typed) FROM:

SYS Atlantic Blud.

Address

JACKSONVILL F1. 32233

904 242- OSSO

Daytime Telephone number

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

## ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

First Const Cremation Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(100) one hundred shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JANES MCKENZIE SYS ATIANTIC BIUZ. ATIANTIC BEACH FI 32232

## ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES MCKENZIE SYS Atlantic Blvl. Atlantic Beach fl 32233

The undersigned incorporator(s) has(have) executed thes	e Articles of Incorporation this
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16 day of December, 19 94.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE (FFLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: First coast Cremation	I_10
2.	The name and address of the registered agent and office is:	- F
	JAMES TMCKerzie	95 DEC 16
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	2. 4. 2. 4.
	Atlantic Bench +1 32233	**************************************

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as reg stered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)