

TRANSMITTAL LETTER

P 96000101298

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 16 PM 2:45

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-12/16/96--01025--005
****122.50 ****122.50

SUBJECT: First Coast Cremation, Inc.
(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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

RECEIVED
96 DEC 16 PM 2:32
DIVISION OF CORPORATIONS

FROM: JAMES Todd Mckenzie
Name (Printed or typed)

545 Atlantic Blvd.
Address

JACKSONVILLE FL 32233
City, State & Zip

904 242-0550
Daytime Telephone number

will wait

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

D. BROWN DEC 16 1996

ARTICLES OF INCORPORATION

FILED
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DIVISION OF CORPORATIONS
96 DEC 16 PM 2:46

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 Coast Cremation Inc.

ARTICLE II PRINCIPAL OFFICE

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

545 Atlantic Blvd.
Atlantic Beach Fl. 32233

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:

JAMES MCKENZIE
545 Atlantic Blvd.
~~Atlantic Blvd.~~
Atlantic Beach Fl 32233

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

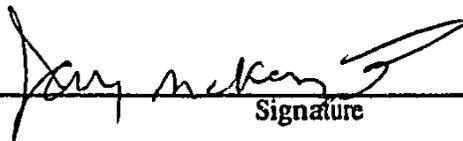
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES MCKENZIE
545 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of December, 19 96.

(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 OF FLORIDA, 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 Inc.

2. The name and address of the registered agent and office is:

James T McKenzie
(NAME)

545 Atlantic Blvd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Atlantic Beach Fl 32233
(CITY/STATE/ZIP)

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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 registered 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.

James T McKenzie
(SIGNATURE)

12-16-94
(DATE)