Maria Rec 494 Paly Bialeah City/State/	A. Macyke questor's Name  M. OWE Address  FR. 330 10  Zip Phone #	0514 Office Use	•
CORPORATION	NAME(S) & DOCUMENT NUI	MBER(S), (if known):	
I. (Corp	oration Name) (E	Occument #) 500002	<del>20505</del> 53 9/9701134014
2.	oration Name) (E	****  Document #)	*70.00 *****70.00
_	oration Name) (L	ocument #)	
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Mail out	Pick up time Will wait Photocopy	Certified Copy	atus
NEW FILINGS	AMENDMENTS		
Profit	Amendment		97 SECTALL
NonProfit	Resignation of R.A., Officer/ Dia	rector	FILED JUN-9 PM
Limited Liability	Change of Registered Agent		JUN-9 PM 3
Domestication	Dissolution/Withdrawal		
Other	Merger		PM 3: 48
OTHER FILINGS Annual Report	REGISTRATION/		# <b>6</b>
Fictitious Name	Foreign	4	1 1997
Name Reservation	Limited Partnership	i Tor pinn 1	1 1612
	Reinstatement	i han	
	Trademark		
	Other	J	
		Exeminer's Initials	

#### 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

STUM-9 PH 3: 48

The name of the corporation shall be:

FUNERAL REFERRAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

494 PALM AVE. HIALEAH, FL. 33010

ARTICLE III SHARES

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

\$100.00 SHARES @ \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

494 PALM AVE. HIALEAH, FL. 33010

### 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):

MARIA A.MACYKE 7012 W. 17 COURT HIALEAH, FL. 33014

The und	lersigned incor	porator(s) has(have)	executed these Articles of Incorpor	ation this
0	_ day of	June	, 19 <u>97</u>	
(An addi	itional article r	nust be added if an e	ffective date is requested.)	
	· <u> </u>		1000	·
	<del></del>		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 isFUNERAL REFERRAL SERVICES, INC.	
2. The name and address of the registered agent and office is:	
2. The harte and manager the registered agent and office is.	
MARIA A. MACYKE (NAME)	丁二
494 PALM AVE HYALEAH, FL. 33010 (P. O. Box or Mail Drop Box NOT ACCEPTABLE)  P. O. Box or Mail Drop Box NOT ACCEPTABLE)	THO
(CITY/STATE/ZIP)	
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.	
(SIGNATURE) (DATE)	