# P47000066976

### TRANSMITTAL LETTER

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

SUBJECT:				
bongner.	(Proposed corporate name - must include suffix)			
Enclosed is an orig	inal and one(1) copy of the article	es of incorporation and a	check for:	
\$1 \$70.00 Filing Fee	\$18.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	William K. Benda	ADDITIONAL CO	PY REQUIRED	
FROM: _	Name (Printed	or typed)		
	Address Tallahassee, Florida 32303			
	City, State & Zip		97 AUG -4	

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

Daytime Telephone number

904-514-1900

4,497 4,495

#### 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:

Heritage Urns & Accessories Inc.

ARTICLE II PRINCIPAL OFFICE

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

4825 Six Oaks Drive Tallahassee, Florida 32303

ARTICLE III SHARES

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

One Thousand (1,000) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William K. Benda 4825 Six Oaks Drive Tallahassee, Florida 32303



#### 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):

William K. Benda 4825 Six Oaks Drive Tallahassee, Florida 32303

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

4th day of August . 1997.

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

Wiri V. Beriden Signature

Signature

Signature

Lara Yost
MY COMMISSION # CC648014 EXPIPM
May 18, 2001
BONDED THRU TROY FAIN INSURANCE INC

## 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_	Heritage Urns & Accessories Inc.	
	_		6 51/10 88
2.	The name and address of the registered agent and office is:		7 AUG -4
		William K. Benda	R
		(NAME)	<u>ن نځا</u>
		4825 Six Oaks Drive	ATTORIS
	(P. O.	Box or Mail Drop Box NOT ACCEPTABLE)	Š
		Tallahassee, Florida 32303	
		(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.

Will W. Bonda A.S. 4, 1557
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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