

P 99000108759

TRANSMITTAL LETTER

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

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--12/14/99--01043--004
*****78.75 *****78.75

SUBJECT: Hartman Funeral Services, Inc.
(Proposed corporate name -- must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 14 PM 2:10

FILED

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

☒ \$78.75 Filing Fee and Certificate of Status

FROM: William H. Williams, Jr.
Name (Printed or typed)

3780 Bonner Road
Address

Pensacola, FL 32503
City, State & Zip

(850) 432-1998
Daytime Telephone number

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

F. CHESLER

DEC 16 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Hartman Funeral Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**3780 Bonner Road
Pensacola, FL 32503**

ARTICLE III SHARES

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

Ten thousand (10,000) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**William H. Williams, Jr.
3780 Bonner Road
Pensacola, FL 32503**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:

**William H. Williams, Jr.
3780 Bonner Road
Pensacola, FL 32503**


Signature/Incorporator

12-12-99
Date

Having been named as registered agent and to accept service of process for the above named corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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/Registered Agent

12-12-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED