

P05000163732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

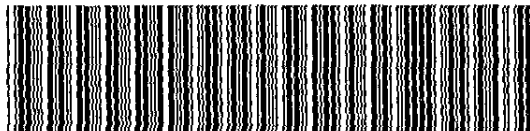
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

1-1-06

FILED  
05 DEC 15 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 12-

**COVER LETTER**

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

**SUBJECT: A Celebration of Life, Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Tina M. Bove**

Name (Printed or typed)

**216 Ash Avenue**

Address

**Melbourne Beach, FL. 32951**

City, State & Zip

**321.952.9301 (or) 321.626.8111**

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2005

TINA M. BOVE  
216 ASH AVE.  
MELBOURNE BEACH, FL 32951

SUBJECT: A CELEBRATION OF LIFE, INC.  
Ref. Number: W05000054312

We have received your document for A CELEBRATION OF LIFE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

You must list the corporation's principal office and/or a mailing address in the document.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 705A00071098

RECEIVED  
05 DEC 15 PM 2:28  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** A Celebration of Life Services, Inc.

**(PROPOSED CORPORATE NAME -- MUST INCLUDE SUFFIX)**

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

\*  \$70.00  
Filing Fee

*on file*

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Tina M. Bove

Name (Printed or typed)

216 Ash Avenue

Address

Melbourne Beach, FL 32951

City, State & Zip

321.952.9301 or (cell) 321.626.8111

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

A Celebration of Life Services, Inc.

FILED  
05 DEC 15 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

216 Ash Avenue  
Melbourne Beach, FL 32951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Remembrance Event Coordinating Service

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Tina M. Bove, President  
216 Ash Avenue  
Melbourne Beach, FL 32951

EFFECTIVE DATE  
1-1-06

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tina M. Bove  
216 Ash Avenue  
Melbourne Beach, FL 32951

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tina M. Bove  
216 Ash Avenue  
Melbourne Beach, FL 32951

VIII EFFECTIVE DATE  
1-1-2006

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tina M Bove 12/13/05  
Signature/Registered Agent

01/01/06 Effectiv  
Date

Tina M Bove 12/13/05  
Signature/Incorporator

01/01/06 "  
Date