

N16 000001332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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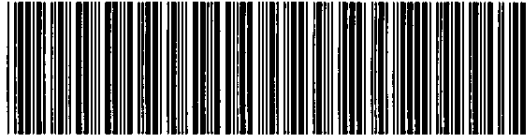
(Business Entity Name)

(Document Number)

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16 JAN 29 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan FEB - 9 2016

**COVER LETTER**

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

SUBJECT: Oaklynn Cemetery Association 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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Melvin J Brown Sr.  
Name (Printed or typed)

1050 Wayne Ave Apt 31  
Address

New Smyrna Beach, FL 32168  
City, State & Zip

386-423-7936  
Daytime Telephone number

oaklynn.cemetery@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

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**ARTICLE I NAME**

The name of the corporation shall be:

Oaklynn Cemetery Association, Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1050 Wayne Ave Apt 31

New Smyrna Beach, FL 32168

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To clean, restore, preserve and identify gravesites that are found.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

by majority vote

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

Name and Title: Melvin J. Brown, Jr. Pres

Address: 1050 Wayne Ave Apt 32  
New Smyrna Beach, FL  
32168

Name and Title: Linda Thomas, Secy

Address: 3117 Carmie Dr.  
Edgewater, FL 32132

Name and Title: Gwendolyn Tobler, V Pres

Address: 2703 Vista Palm Dr.  
Edgewater, FL 32141

Name and Title: Asst Secy

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Charles Miller, Treas Name and Title: \_\_\_\_\_

Address: 3117 Carmie Dr. Address: \_\_\_\_\_

Edgewater, FL 32137

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Melvin J Brown Sr.

Address: 1050 Wayne Ave Apt 32  
New Smyrna Beach, FL 32168

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TALLAHASSEE FLORIDA  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Melvin J Brown Sr.

Address: 1050 Wayne Ave Apt 32  
New Smyrna Beach, FL 32168

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

Melvin J. Brown Sr.  
Required Signature of Registered Agent

1/20/16  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Melvin J. Brown Sr.  
Required Signature of Incorporator

1/20/16  
Date