

L19000145864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

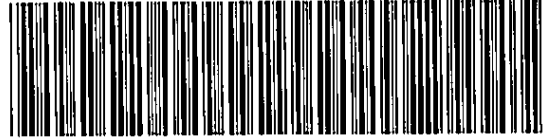
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/29/19--01006--030 **125.00

RECEIVED
MAY 28 2019

FILED
19 MAY 29 PM 5:39
SECRETARY OF STATE
OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN CREMATION AND FUNERAL, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN J. REGAN, III.
Name of Person

Firm/Company

613 S.E. 28th TERRACE
Address

CAPE CORAL, FL 33904
City/State and Zip Code

legacyremoval@aol.com
E-mail address: (to be used for future annual reports)

EIN #

04-1825376

American Cremation
and Funeral, LLC.

For further information concerning this matter, please call:

JOHN J. REGAN, III.
Name of Person

at (239) 4
Area Code &

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN CREMATION AND FUNERAL, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

613 S.E. 28th TERRACE
CAPE CORAL, FL 33904

Mailing Address:

613 S.E. 28th TERRACE
CAPE CORAL, FL 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN J. REGAN, III.

Name

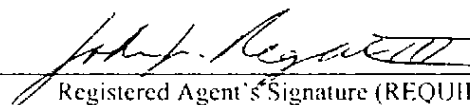
613 S.E. 28th TERRACE

Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL, FL 33904

City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

5/24/19

FILED
19 MAY 29 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

**JOHN J. REGAN, III
613 S.E. 28th TERRACE
CAPE CORAL, FL 33904**

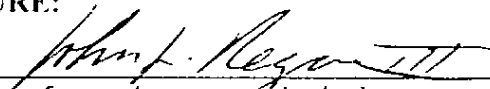
AMBR

**ERIN REGAN
613 S.E. 28th TERRACE
CAPE CORAL, FL 33904**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

 **5/21/19**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

JOHN J. REGAN, III.

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)**

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Name of Person

Firm/Company

613 S.E. 28th TERRACE

Address

CAPE CORAL, FL 33904

City/State and Zip Code

erintlg@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN REGAN

Name of Person

at (239) 699-1826

Area Code & Daytime Telephone Number

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ERIN REGAN

Name

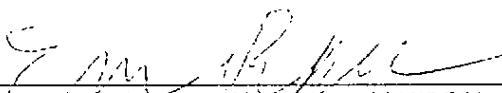
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 5/21/19

(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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AMBR

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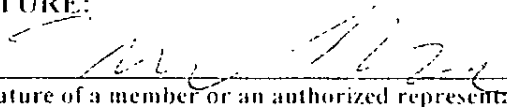
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