

6/1/2020

Division of Corporations

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
SCI GEORGIA FUNERAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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 2020 JUN -1 A 8:39

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCI Georgia Funeral Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lyndi Roundtree
Name of Person

SCI Georgia Funeral Services, LLC
Firm/Company

1929 Allen Parkway
Address

Houston, TX 77019
City/State and Zip Code

rene.nelson@sci-us.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyndi Roundtree 712 525-5219
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCI Georgia Funeral Services, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 76-0323238 (PTI number, if applicable)

4. (Date first transacted business in Florida (if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1929 Allen Parkway (Street Address of Principal Office)
Houston, Texas 77019
6. 1929 Allen Parkway (Mailing Address)
Houston, Texas 77019

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY
Office Address: 1201 Hays Street
Tallahassee Florida 32301
(City) (Zip code)

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Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kadesha Roberson, ASST. VICE PRESIDENT
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>SCJ Funeral Services, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Daniel Kleban</u>
<input checked="" type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>	<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>	<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: <u>Janel Key</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lyndi Roundtree</u>
<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>	<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>	<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	<input type="checkbox"/> Authorized	.....
Person	.....	Person	.....
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Daniel Kleban

Signature of an authorized person

Daniel Kleban, Vice President

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GEORGIA FUNERAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCI GEORGIA FUNERAL SERVICES, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20204613803

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202990334

Date: 05-26-20

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