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# **COVER LETTER**

10:	_	tration Section of Corporations				
SUBJ	FCT·	Rollings Funeral Service, In	nc			
3 <b>0D</b> .,	1.01.	Name o	of corporation -	must include suffix		
Dear S	ir or M	adam:				
Certif	icate of		of Good Standi	uthorization to Transact Business in Flong" and check are submitted to register in Florida.		
Please	return a	all correspondence concerni	ng this matter to	o the following:		
Gregor	ry K. Ro	ollings				
			Name of Pe	erson	**************************************	
Rolling	s Fune	ral Service, Inc				
			Firm/Compa	any	<del></del>	
1015 T	yrone f	Road, Suite 820				
			Address	S	<del></del>	
Tyrone	e. GA 3	0290				
			City/State and	Zip code	~)	
greg_re	ollings@	Ocomcast.net			<u> </u>	
	•	E-mail address	: (to be used for	future annual report notification)		
For fur	ther inf	ormation concerning this m	atter, please cal	l:	2936 Jun 25	
Greg R	Rollings		770	487-2275	77	
	Name	of Person	at ( Area Code	Daytime Telephone Number	전 - 등 -	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	nake che	check for the following amount payable to: FLORIDA DE ag Fee X \$78.75 Filing Certificate o	PARTMENT O	\$78.75 Filing Fee & 💢 \$87.50 Fili	of Status &	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "	COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate nar	ne ado	pted for the purpose of transacting bu	siness in Florida)
Georgia  (State or country under the law of which it is incorporate 03/04/2002		03-0410732		
			(FEI number, if applicable)	
(Date	of incorporation)		(Date of duration, if other than	perpetual)
May 1, 2020				
1015 Tyrone Ro	oad, Suite 820 Tyrone, GA 30290		F.S., to determine penalty liability)  street address)	
			11 10 100	72
		-	ddress. if different)	Majera 20
Name and stree	et address of Florida registered agent: (I	P.O. B	ox NOT acceptable)	ない。
Name:	Gregory Rollings		_	~m , %
Office Address:	50 N. Hillsborough Ave		_	F3 12: 45
	Arcadia,		34266 , Florida	ីភ
	(City)		(Zip code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•				
Chairman	Gregory Rollings Name:	Chairman	Debra A. Rollings  Name:  319 Corrigan Trace  Address:  Peachtree City GA 30269		
□Vice Chairman	319 Corrigan Trace Address:	□Vice Chairman			
□Director	Peachtree City, GA 30269	Director			
□President		□President			
□Vice President		□ Vice President			
☐ Secretary	□Treasurer	■ Secretary	□Treasurer		
□Other	□Other	Other		□Other	_
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□ President	•		
□Vice President		□ Vice President			
☐ Secretary	Treasurer	☐ Secretary		□Treasurer	
□Other	□Other	Other		□Other	
□ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:	<u>n</u>	
□Director		Director		<u> </u>	
□President		□President			
□Vice President		Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	□()ther			□Other	
	C		eport form.		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Gregory K. Rollings

Control Number: 0211945

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

#### ROLLINGS FUNERAL SERVICE, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Docket Number : 18639675 Date Inc/Auth/Filed: 03/04/2002 Jurisdiction : Georgia Print Date : 02/21/2020

Form Number : 211

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Brad Raffenspager

Brad Raffensperger Secretary of State

# ARTICLES OF INCORPORATION

#### **OF**

Rollings Funeral Service, Inc.

FIRST: The name of the corporation is Rollings Funeral Service, Inc.

SECOND: The total number of shares which the corporation shall have the authority to issue is 5,000 shares of Common Stock, and the par value of each of such shares is \$0.01.

THIRD: The street address of the corporation's registered office is 319 Corrigan Trace, Peachtree City, Georgia 30269. The county of the registered office is Fayette County, and the name of the registered agent is Greg Rollings.

FOURTH: The principal mailing address of the corporation shall initially be 319 Corrigan Trace, Peachtree City, Georgia 30269.

FIFTH: The name and address of the incorporator is LegalZoom.com, Inc., 589 N. Larchmont Ave., 2nd Floor, Los Angeles, California 90004.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date below.

Date: February 26, 2002

LegalZoom.com, Inc., Incorporator

Carine Mink, Assistant Secretary

### **ACTION BY WRITTEN CONSENT** OF THE INCORPORATOR

OF

Rollings Funeral Service, Inc., A Georgia Corporation, As of March 18, 2002

The undersigned incorporator of Rollings Funeral Service, Inc., a Georgia corporation, took the following actions on the above date, pursuant to the Georgia corporations law:

1. Until otherwise determined by the Board, the Board of Directors shall consist of 2 members. The following named persons have been elected by me as directors of said corporation to hold office until the first annual meeting of stockholders or until their successors are elected and qualify:

> Gregory K. Rollings Debra A. Rollings

The bylaws attached hereto have been adopted by me as the bylaws of said 2. corporation.

Signed as of the above date.

LegalZoom.com, Inc.

Incorporator