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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON
Account Number : 076656002425
Phone : (407) 843-7860
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9-22-03

LIMITED LIABILITY COMPANY**TALLAHASSEE MEMORY GARDENS, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **TALLAHASSEE MEMORY GARDENS, LLC.**

ARTICLE II - Address

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

4037 North Monroe Street
Tallahassee, Florida 32303

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by its sole member and is therefore a member-managed company.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

Mark B. Riposta
4037 North Monroe Street
Tallahassee, Florida 32303

9-10-03
(Date)

By: 
Mark B. Riposta, Sole Member

(In accordance with section 608.408(3), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are
true.)

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REGISTERED AGENT 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 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 608, F.S.

By:


Mark B. Riposta9-10-03
(Date)

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