

L04000026238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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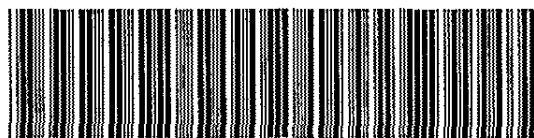
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 2004 1:06

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L04-262838
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3-29-04

Please find enclosed our certified
check for \$155.00 for
the filing of the Articles of
Organization, Designation of
Registered Agent and a Certified
copy.

Thank you

John M. Cox

FILED
MAR 30 2004
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEVADA CUSTOM URNS AND CASKET EMPORIUM 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:

JoAnn M. Cox

(Name of Person)

NEVADA CUSTOM URNS AND CASKET EMPORIUM LLC

(Firm/Company)

P. O. Box 331477

(Address)

Atlantic Beach, FL 32233

(City/State and Zip Code)

For further information concerning this matter, please call:

JoAnn M. Cox

(Name of Person)

at

904

242-9660

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEVADA CUSTOM URNS AND CASKET EMPORIUM LLC

ARTICLE II - Address:

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

Principal Office Address:

552 Aquatic Drive, Atlantic Beach, FL 32233

Mailing Address:

P.O. Box 331477, Atlantic Beach, FL 3223

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

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

JoAnn M. Cox

Name

552 Aquatic Drive

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

Atlantic Beach

FLORIDA 32233

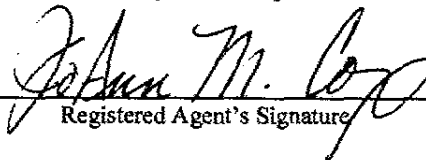
City, State, and Zip

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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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JoAnn M. Cox

552 Aquatic Drive

Atlantic Beach, FL 32233

MGRM

John W. Cox, Jr.

552 Aquatic Drive

Atlantic Beach, FL 32233

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

JoAnn M. Cox

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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