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(R	equestor	s Name)	
(A	ddress)	<u></u>	
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(C	ity/State/	Zip/Phone #	9
PICK-UP	☐ ¹	NAIT	MAIL
(B	usin es s E	Entity Name)
(D	ocument	Number)	<u> </u>
Certified Coples	_ c	ertificates o	f Status
Special Instructions to	Filing O	ficer:	<u></u>
Name Availabilit y			
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Examiner	DCC	Use Only	
Updater	DCC	3 OSE OIRY	
Updater Verifyer	DCC		
Acknowledgement	DCC		
W. P. Verifyer	DCC		



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NAS FEBILL P 3: 52

TRANSMITTAL LETTER

SUBJECT:	Funeral Homes LLC	
Sobject:	(Name of Limited Liability Company)	-
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Aliza Sarid	
-	(Name of Person)	
	Funeral Homes LLC	
	(Firm/Company)	
	3213 Dover Road	
	(Address)	•
	Pompano Beach, FL 33062	
-	(City/State and Zip Code)	
For further inform	ation concerning this matter, please call:	
	Aliza Sarid at (954) 545-0040	
	(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Add			
The mailing address	s and street address of the princ	ipal office of the Limited Liability Compan	y is:
Principal Office A	ddress:	Mailing Address:	
3213 Dove	er Road	3213 Dover Road	
Pompano E	Beach, FL 33062	Pompano Beach, FL 33062	
	······································		-
		ffice, & Registered Agent's Signature:	
	egistered Agent, Registered O Florida street address of the regi		
	Plorida street address of the reginal Aliza Sarid Name		
	lorida street address of the regi		
	Plorida street address of the reginal Aliza Sarid Name	stered agent are:	
	Plorida street address of the reginal Aliza Sarid Name 3213 Dover Road	ox NOT acceptable)	
	Aliza Sarid Name 3213 Dover Road Florida street address (P.O. B Pompano Beach, F	ox NOT acceptable) L 33062 FLORIDA	
	Plorida street address of the reginal Aliza Sarid Name 3213 Dover Road Florida street address (P.O. B	ox NOT acceptable) L 33062 FLORIDA	
The name and the Fing been named as regispany at the place design	Aliza Sarid Name 3213 Dover Road Florida street address (P.O. B Pompano Beach, F City, State, and stered agent and to accept services mated in this certificate, I hereby	ox NOT acceptable) L 33062 FLORIDA Zip e of process for the above stated limited liabil accept the appointment as registered agent as	nd
The name and the F ing been named as regis pany at the place design to act in this capacity.	Aliza Sarid Name 3213 Dover Road Florida street address (P.O. B Pompano Beach, F City, State, and stered agent and to accept service mated in this certificate, I hereby I further agree to comply with the	ox NOT acceptable) L 33062 FLORIDA Zip E of process for the above stated limited liabil	nd per

Page 1 of 2 (CONTINUED)

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 Manager/MGR Aliza Sarid 3213 Dover Road Pompano Beach, FL 33062

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

Aliza Sarid

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)