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March 14th, 2005

To Whom It May Concern,

Please find enclosed the filled out forms to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Status. The company name is My Ashes, LLC.>

If you should have any problems or questions, please contact me at:

5501 Stag Thicket Lane Palm Harbor, Fl 34685 727-781-9354

Thank you for your time.

Regards,

Janet Goldin

PILED 2005 MAR 21 PM 2: 31 2005 MAR 21 PM 2: 31 2019 CHARLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: My Ashes, LLC. (Na	me of Limited Liability Company)	
The enclosed Articles of Organization an	d fec(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Janet Goldin		
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·
My Ashes, LLC	_	
	(Firm/Company)	0 2
55501 Stag Thicket Lane		2005 MAR 21 PM 2: 31 DIVISION OF CORPORATIO DIVISION OF SEE, FLORID
	(Address)	21 ASSE
Palm Harbor, FL 346	585	PH 2: E. FL
	(City/State and Zip Code)	ATIO ORID
For further information concerning this n	natter, please call:	Pis
Janet Goldin	at (727) 781-9354	<u> </u>
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following	amount:	
\$125.00 Filing Fee \$130.00 File Certificate of	ling Fee & Status Status Status Status Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING	ADDRESS:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DE LOS ESTA
My Ashes, LLC	# 27 LE
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5501 Stag Thicket Lane Palm Harbor, Fi 34685	PO Box 1239 Palm Harbor, FI 34682-1239
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Janet Goldin Name	
5501 Stag Thicket Lane Florida street add	ress (P.O. Box NOT acceptable)
Palm Harbor, FI 34685 City, State, a	FL nd Zip

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..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael Riccardi 413 Allens Ridge Dr, East Palm Harbor, Fl 34683
MGRM	Derek Lloyd 3033 Rancial Mann St. Wasky Chapi, FL 33544
MGRM	Jerry Goldin 5501 Stag Thicket Lane Palm Harbor, FI 34685
MGRM Lanot Coldin	Janet Goldin 5501 Stag Thicket Lane Palm Harbor, FI 34685
(Use attachment if necessary) NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitutes that the facts stated herein t	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)