

LOS000061447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

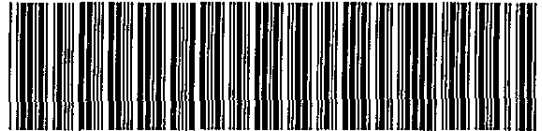
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/14/05--01022--008 \*\*160.00

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JUN 14 11 30 AM '05  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

LOS-61447  
gl



James M. Shuta  
Attorney At Law

June 9, 2004

Registration Section  
Department of Corporations  
P.O. Box 6327  
409 East Gaines Street  
Tallahassee, Florida 32301-2412

Re: HUDSON CHAPEL CREMATORY, L.L.C.

Gentle(wo)men:

Enclosed are the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

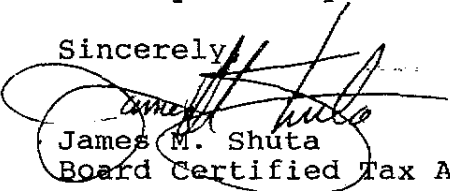
Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS UPON FILING.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,

  
James M. Shuta  
Board Certified Tax Attorney

RECEIVED  
JUL 14 PM 2:55  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I  
Name

The name of the Limited Liability Company is HUDSON CHAPEL CREMATORY, L.L.C.

ARTICLE II  
Address

The mailing address and street address of the Principal Office is 9944 Hudson Ave., Hudson, FL 34667.

ARTICLE III  
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE IV  
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V  
Management

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is Thomas B. Dobies, 9944 Hudson Ave., Hudson, FL 34667.

ARTICLE VI  
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all of the Members. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

ARTICLE VII  
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII  
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 9 day of JUNE, 2005.

WITNESSES:

AUTHORIZED MEMBER:

Carla B. King  
Sign Name

Thomas B. Dobies  
Thomas B. Dobies, Manager

Carla B. King  
Print Name

Bonnie Bellino  
Sign Name

Bonnie Bellino  
Print Name

STATE OF FLORIDA  
COUNTY OF PASCO

I HEREBY CERTIFY that on the 9 day of JUNE, 2005, the foregoing was acknowledged before me by Thomas B. Dobies (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who ( ) did or (X) did not take an oath.

James M. Shurt  
Notary Public, State of Florida  
JAMES M. SHURT  
(Printed Name)

My Commission Expires: 3/24/06

Commission No. DD102628

2005 JUN 14 PM 2:56  
SECRETARY OF STATE  
-TALLAHASSEE FL

FILED

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

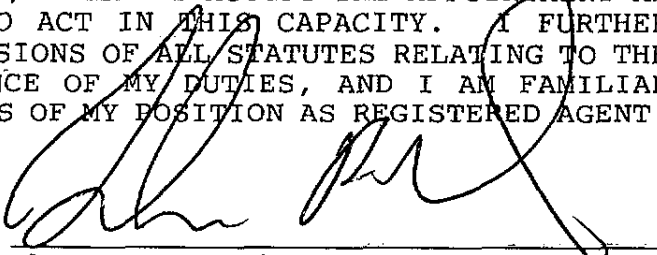
1. The name of the Limited Liability Company is:

**HUDSON CHAPEL CREMATORY, L.L.C.**

2. The name and address of the registered agent and office is:

**Thomas B. Dobies  
9944 Hudson Ave.  
Hudson, FL 34667**

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.

  
Thomas B. Dobies  
Registered Agent

Date: June 9, 2005

2005 JUN 14 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA