## LD5000113545

(Requestor's Name)		
(Address)		
(Ad	dress)	······································
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRUYN'S MEMORIAL FUNERAL Home, & Cremation Ser. (Name of Limited Liability Company)	vice, UC
The enclosed Articles of Organization and fee(s) are submitted for filing.	i
Please return all correspondence concerning this matter to the following:	
Frantie L. Brown (Name of Person)	
F.L. Executive amousine Service (Firm/Company)	: : !
706 SW Martin Lutler King Ave	; ; ;
OCALA, FLORIDA 34474 (City/State and Zip Code)	:
For further information concerning this matter, please call:  Moria intonia Kivera  Virtua Brancan Jean at 352, 840-0820	I
(Name of Person) (Area Code & Daytime Telephone Number)	1

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Brown's MEMORIAL	FUNERAL HOME, & Cremotor
Service, LLC ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
706 S.W Martin lutter King Ave	706 SW Martin Willer King A
OCALA, FLORIDA 34474	OCALA, FLORIDA 34474
	<b>(</b>
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	
FRANKIE L. BROW	SECH AP
2301 NW 244 D	HASS 16 PAR
Florida street address (P.O. Box N	<u>oks</u>
Dr. A: N	10 Silver 2:
	ORIDA 3447 5 5 5

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..

City, State, and Zip

Registered Agent's Signature

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Frankie L. Brown	
	2301 NW 24th Road	_
	Ocala, FL 34475	<del>-</del>
MGRM	Lillie Mae Langston	
	2301 NW 24th Road	-
	Ocala, FL 34475	- -
MGRM	Claudette Mitchell	
	2301 NW 24th Road	-
	Ocala, FL 34475	-
MGRM	Varice McToryre-Smith Maria 2216 W. Howard Place Gazo Sw Dunnellog, FL 34434 Ocala, PI	Rivera 38th Aze#55 34414
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:  Signature of a member or	Rivera. CC. Lulius an authorized representative of a prember.	Mar In
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	0
Lillie M	ae Langston	
Typed o	or printed name of signee	
Filing Fees:	*∀∽	05
\$125.00 Filing Fee for Articles of Organization	tion and Designation	<b>Z</b>
of Registered Agent	<b>全</b> 元	AF AF
\$ 30.00 Certified Copy (Optional)	S. S	売 型≫業
\$ 5.00 Certificate of Status (Optional)		· Fizit

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