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_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

RPORATION SERVICE COMPANY ACCOUNT NO. : 072100000032 REFERENCE: 833924 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: January 26, 2006 ORDER TIME : 10:22 AM ORDER NO. : 833924-005 CUSTOMER NO: 7518258 DOMESTIC FILING NAME: ALOHA CREMATION SOCIETY LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

BANY TO ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COME ARTICLE I - Name: The name of the Limited Liability Company is: Aloha Cremation Society LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 1817 Briarcliff Road 1817 Briarcliff Road Winter Park, FLorida 32792 Winter Park, FLorida 32792 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Gregory A. Reynolds 1817 Briarcliff Road Florida street address (P.O. Box NOT acceptable) FL 32792 Winter Park City, State, and 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

(CONTINUED)
Page 1 of 2

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..

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:		
· _=v	MGRM	Gregory A. Reynolds 1817 Briarcliff Road Winter Park, FLorida 32792		
	MGRM	Risa E. Reynolds 2931 Embassy Court Casselberry, Florida 32707-5875		
-	(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)				
	REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member	<u>.</u>	
(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.)				
	Gregory A. Reynol Typed	ds or printed name of signee		

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)