

LO6000098772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LO6-98772  
JR

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bereavement Specialists, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Ronald J. Zeller, Esq.  
(Contact Person)

Zeller & Associates, L.L.C.  
(Firm/Company)

Trump Plaza Office Center, 525 South Flagler Drive, Suite 200  
(Address)

West Palm Beach, Florida 33401  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Ronald J. Zeller, Esq. at ( 561 ) 802-4480  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>( \$25 for Conversion<br>& \$125 for Articles<br>of Organization ) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Bereavement Specialists, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on March 28, 2006

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:


Bereavement Specialists, LLC

(Enter Name of Florida Limited Liability Company)

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5. If not effective on the date of filing, enter the effective date:\_\_\_\_\_.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 5<sup>th</sup> day of October 2006.

Signature of Authorized Person: 

Printed Name: Jennifer Melvin Title: Secretary/Treasurer

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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**ARTICLES OF ORGANIZATION  
FOR  
BEREAVEMENT SPECIALISTS, LLC**

**ARTICLE I- Name:**

The name of the Limited Liability Company is: **BEREAVEMENT SPECIALISTS, LLC**

**ARTICLE II- Address:**

The initial mailing address and street address of the principal office of the Limited Liability Company is Trump Plaza Office Center, 525 South Flagler Drive, Suite 200, West Palm Beach, Florida 33401.

**ARTICLE III- Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV- Management:**

The Limited Liability Company is to be managed by the member(s) and the name(s) and address(es) of the managing member(s) is/are:

Jennifer Melvin  
321 Sandtree Dr.  
Palm Beach Gardens, Florida 33403

Tricia Tran  
5436 Courtney Circle  
Boynton Beach, Florida 33437

**ARTICLE V- Admission of Additional Members:**

The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement adopted by the Member(s), and any Amendment thereto.


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**ARTICLE VI- Members Rights to Continue Business:**

The right, if given, of the remaining member(s) of the Limited Liability Company to continue the business on the death retirement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as set forth in the Operating Agreement adopted by the Member(s), and any Amendments thereto.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization for BEREAVEMENT SPECIALISTS, LLC, at West Palm Beach, Florida, on October 5<sup>th</sup> 2006.


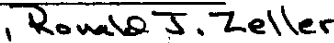
**ORGANIZER:**

  
Jennifer Melvin, Secretary/Treasurer

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 5<sup>th</sup> day of October, 2006, by Jennifer Melvin, who has provided Driver's License as identification and who acknowledged before me that she executed the foregoing Articles of Organization for the purposes therein stated.

(SEAL)

  
Suzanne T. Zeller, Notary Public,   
My Commission Expires:



RONALD J. ZELLER  
MY COMMISSION # DD 491484  
EXPIRES: November 19, 2009  
Bonded Thru Budget Notary Services

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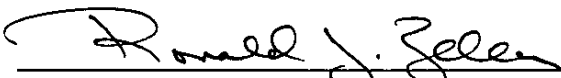
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **BEREAVEMENT SPECIALISTS, LLC.**
2. The name and the Florida street address of the registered agent are:

RONALD J. ZELLER, ESQ.  
Trump Plaza Office Center  
525 South Flagler Drive, Suite 200  
West Palm Beach, Florida 33401

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.

  
Ronald J. Zeller, Esq.

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