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DEPARIMENT OF STATE

DIVISION OF CORPORATIO

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# **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	CT: NORTH PORT FUNERAL SERVICES, LLC	
	(Name of Limited Liability Company)	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
		Fo e
_	WENDY R. WIENER, ESQ.	FC Z
	(Name of Person)	ALL P
	MANG LAW FIRM, P.A.	-1 % SS:
_	(Firm/Company)	OGNOY -7 AM 11: 45 SELLAHASSEE, FLOR
		平。 =
_	660 East Jefferson Street	<u></u>
	(Address)	Or:
	Tallahassee, FL 32301	
_	(City/State and Zip Code)	
For furth	er information concerning this matter, please call:	
	** 17 ' -	
	Kellie Hoover at (850) 222-7710  (Name of Person) (Area Code & Daytime Telephone Nu	nhar)
	(Name of Person) (Area Code & Daytime Petephone Nu	noer)
Enclose	d is a check for the following amount:	
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_XIX5125.0		.00 Filing Fee, te of Status &
	(additional copy is enclosed) Certifie	
	Mailing Address     Street/Courier Address       Registration Section     Registration Section	
	Division of Corporations  Registration Section  Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION

OF

### NORTH PORT FUNERAL SERVICES, LLC

a Florida Limited Liability Company

### **ARTICLE I**

The name of the Limited Liability Company is:

## NORTH PORT FUNERAL SERVICES, LLC

### **ARTICLE II**

The street address of the principal office of the Limited Liability Company is

### NORTH PORT FUNERAL SERVICES, LLC

14538 South Tamiami Trail North Port, FL 34287

### **ARTICLE III**

The mailing address for the Limited Liability Company is:

### NORTH PORT FUNERAL SERVICES, LLC

14538 South Tamiami Trail North Port, FL 34287

### **ARTICLE IV**

The name and the Florida street address of the registered agent are:

Wendy Russell Wiener, Esq. Mang Law Firm, P.A. 660 East Jefferson Street Tallahassee, Florida 32301

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

### **ARTICLE V**

The Limited Liability Company is to be member-managed. The names and addresses of the Managing Members are:

Anthony L. Tartaglia, Jr., MGRM 14538 South Tamiami Trail North Port, FL 34287

NTHONY L. TARTAGLIA, JR.

Signature of a member or an authorized representative of a member.\*

\*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.

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