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Florida Department of State  
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From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Speights-Hewing Funeral Home LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Speights-Hewing Funeral Home 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:1385 East Martin Luther King Blvd.1385 East Martin Luther King Blvd.Bartow, FL 33830Bartow, FL 33830

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Charlette Gooch-Speights

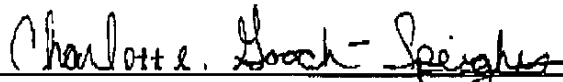
Name

1385 East Martin Luther King Blvd.(P.O. Box or Mail Drop Box NOT Acceptable)Bartow, FL 33830

(City / State / Zip)

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*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 - Charlette Gooch-Speights*

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

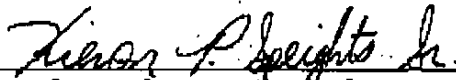
Kieron P. Speights Sr. - 1385 East Martin Luther King Blvd., Bartow, FL 33830

MGRM

Charlette L.G. Speights - 1385 East Martin Luther King Blvd., Bartow, FL 33830

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Kieron P. Speights Sr.

Typed or printed name of signee

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