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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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B. KOHR

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EXAMINER

TALLAMASSEE STATE

TALLAMASSEE S

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Funeral at Sea, U	C. FILED FILED 2: 55
	Art of Inc. File
	LTD Partnership File
•	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Cianatura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requestes 1\24 DW	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	IJCC 11 Detrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Funeral at Sea, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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: 1920 Castle Bay Ct. P.O. Box 423	ARTICLE I - Name:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "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: 1920 Castle Bay Ct. Oldsmar, FL 34677 Oldsmar, FL 34677 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: John Polivick Name 1920 Castle Bay Ct. Florida street address (P.O. Box NOT acceptable) Oldsmar, FL 34677 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 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.	The name of the Limited Liability Cor	npany is:
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	Registered age	MM VOULLE nt's Signature (REQUIRED)

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Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member MGR John Polivick 1920 Castle Bay Ct. Oldsmar, FL (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Title:		Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGR	-	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
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REQUIRED SIGNATURE: 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.) John Polivick			
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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)