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EXAMINER

Stacy Biedrzycki Rendueles. PA 1532 Land O' Lakes Blvd, Ste B Lutz, FL 33549 City/State/Zip Phone # 8/3-9-18-73	377	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (i	f known):
1. EZ-Grave LLC (Corporation Name)	(Document #)	DO NOT MAIL!
2. (Corporation Name)	(Document #)	Call Karen to Pick Up: 878-9966
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time	PM	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Check # 1694- \$125
NEW FILINGS	<u>AMENDMENTS</u>	attached
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/Q	<u>QUALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	hip
CR2E031(7/97)		Examiner's Initials

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Stacy Biedrzycki Rendueles. PA 1532 Land O' Lakes Blvd, Ste B Lutz, FL 33549		OS ERR 16 PHIC. 45
City/State/Zip Phone # §13-948-7	1377	OBJECT TO
		Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if	known):
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(Corporation Name)	(Document #)	DO NOT MAIL!
(Corporation Name)	(Document #)	<u>Call Karen to Pick Up:</u> 878-9966
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	ppm	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>	Check # 1694-\$125
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R. Change of Regist Dissolution/With Merger	_
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	ip
		Examiner's Initials

ARTICLES OF ORGANIZATION OF EZ-GROOVE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is EZ-Groove, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2417 Oasis Drive

2417 Oasis Drive

Land O' Lakes, Florida 34639

Land O' Lakes, Florida 34639

OS ARRIENS PARENTS

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Stacy Biedrzycki Rendueles, Esq. Stacy Biedrzycki Rendueles, PA 1532 Land O' Lakes Boulevard, Suite B Lutz, Florida 33549

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.

Stacy Biedrzycki Rendueles, Esquire

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Mar	ager or Managing	Member is as	tollows:
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Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

WILLIAM STEVEN SCHWARTZ 2417 OASIS DRIVE LAND O' LAKES, FLORIDA 34639

The admission of new members, transfer of membership interest, and dissolution of the LLC will be governed by the Operating Agreement, as amended from time to time.

The company shall be managed by the members in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the company. This Operating Agreement, as amended from time to time, may contain any provisions for the management of the affairs of the company not inconsistent with law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned Managing Member has organized this Limited Liability Company and has made and subscribed these Articles of Organization at Pasco County, Lutz, Florida, on _______, 2009.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of

(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.)

WILLIAM STEVEN SCHWARTZ

Typed or printed name of signce