

L100000100805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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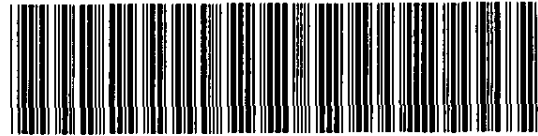
(Business Entity Name)

(Document Number)

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10 SEP 27 PM 4:35

B. KOHR

SEP 27 2010

EXAMINER

Gardner Law Firm

Requester's Name

1300 Thomaswood Drive

Address

Tallahassee FL 32303 385-0070

City/State/Zip

Phone #

(contact Kellie)

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**NATURAL CREMATION OF FLORIDA, LLC**  
a Florida Limited Liability Company

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**ARTICLE I**

The name of the Limited Liability Company is:

**NATURAL CREMATION OF FLORIDA, LLC**

**ARTICLE II**

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

**NATURAL CREMATION OF FLORIDA, LLC**

Golfer View IV A-6  
26316 Nadir Road  
Punta Gorda, FL 33983

**ARTICLE III**

The mailing address for the Limited Liability Company is:

**NATURAL CREMATION OF FLORIDA, LLC**


Golfer View IV A-6  
26316 Nadir Road  
Punta Gorda, FL 33983

ARTICLE IV

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

Wendy Russell Wiener, Esq.  
Gardner, Bist, Wiener, Wadsworth & Bowden, P.A.  
1300 Thomaswood Drive  
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 name and address of the Member is:

**ABBA CONSULTING, LLC**  
Golfer View IV A-6  
26316 Nadir Road  
Punta Gorda, FL 33983



**ABBA CONSULTING, LLC**

**By: MARK RIPOSTA**  
**Its Member-Manager**

**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.