

Division of Corporations

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# L11000043110

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUBINOFF, P.A.  
Account Number : 076077000521  
Phone : (954) 527-2428  
Fax Number : (954) 333-4001

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ralph.little@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Fairway Memorial Properties, LLC**

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TALLAHASSEE, FLORIDA

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## **Fax Cover Sheet**

**To:** FL SOS - Division of Corporations

**Company:**

**Date:** 4/11/2011 4:47:44 PM

**Fax Number:** 18506176383

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**From:** Sallee, Anne E.

**Direct Phone:** (954) 527-2428

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
FAIRWAY MEMORIAL PROPERTIES, LLC  
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is: FAIRWAY MEMORIAL PROPERTIES, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: 100 Essex Street, 2<sup>nd</sup> Floor, Mystic, CT 06355.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: CT CORPORATION SYSTEM at 1200 S. Pine Island Rd., Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 11 day of April, 2011.

By:   
Ralph Little, Authorized Representative

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2011 APR 11 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FAIRWAY MEMORIAL PROPERTIES, LLC.
2. The name and address of the registered agent and office is:

CT CORPORATION SYSTEM  
1200 S. Pine Island Road  
Plantation, FL 33324

*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 its 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.*

*Barbara A. Burke*

\_\_\_\_\_, Registered Agent

*4-8-11*

\_\_\_\_\_, (Date)

Barbara A. Burke  
Special Assistant Secretary