

Division of Corporations

Page 1 of 1

**L1000142765**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000297660 3)))



H110002976603ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

**L. SELLERS**

DEC 21, 2011

**EXAMINER**

To:

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

From:

Account Name : QUARLES & BRADY LLP  
Account Number : I20000000067  
Phone : (239) 262-5959  
Fax Number : (239) 434-4999

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

Email Address: Kevin.Lottes@quarles.com

**FLORIDA LIMITED LIABILITY CO.**  
**Charlotte Funeral Properties, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

DEC 20 PM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 20 AM 9:47

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H11000297660 3

**ARTICLES OF ORGANIZATION  
OF  
CHARLOTTE FUNERAL PROPERTIES, LLC**

The undersigned authorized agent of the initial member of the limited liability company hereby certifies that the member, for the purposes of forming a limited liability company under the laws of the State of Florida, provided for the formation, rights, privileges, and immunities of a limited liability company for profit. I further declare that the following articles shall be the charter and authority for the conduct of business of such limited liability company.

**ARTICLE I  
NAME AND PURPOSE**

The name of the limited liability company shall be CHARLOTTE FUNERAL PROPERTIES, LLC (the "Company") and the nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which companies may be organized under the Florida Limited Liability Company Act (the "Act").

**ARTICLE II  
ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be: 50 Mahogany Drive, Naples, Florida 34108.

**ARTICLE III  
REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows: Michael Fuller, 50 Mahogany Drive, Naples, Florida 34108.

**ARTICLE IV  
DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization or in the Company's operating agreement.

**ARTICLE V  
MANAGEMENT**

The Company shall be manager-managed in accordance with the operating agreement adopted by the initial member for the management of the business and affairs of the company.

**FILED**  
DEC 20 AM 9:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

H11000297660 3

H11000297660 3

ARTICLE VI  
RESTRICTIONS ON MEMBERSHIP

The member shall have the right to admit new members upon meeting the conditions set forth in the Company's operating agreement, including requirements that the new members agree to and comply with the terms and provisions of the operating agreement.


ARTICLE VII  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or other dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

ARTICLE VIII  
AMENDMENTS TO ARTICLES

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act, and all rights conferred upon members herein are granted subject to this reservation.

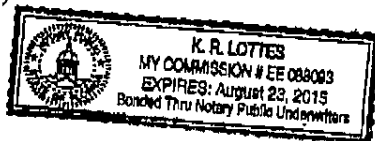
Executed by the undersigned on the 20 day of December, 2011.

  
\_\_\_\_\_  
MICHAEL S. FULLER,  
as authorized representative

STATE OF FLORIDA  
COUNTY OF COLLIER

BEFORE ME the undersigned authority, this 20 day of December, 2011 personally appeared MICHAEL S. FULLER, as authorized representative of CHARLOTTE FUNERAL PROPERTIES, LLC, who is personally known to me.

(SEAL)





\_\_\_\_\_  
Notary Public – State of Florida

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

H11000297660 3

H11000297660 3

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND  
REGISTERED AGENT**

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

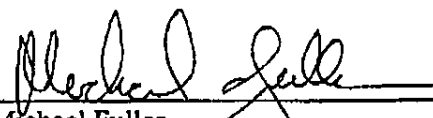
THE NAME OF THE LIMITED LIABILITY COMPANY IS SELECT CHARLOTTE FUNERAL PROPERTIES, LLC.

THE NAME OF THE INITIAL REGISTERED AGENT OF THE LIMITED LIABILITY COMPANY IS MICHAEL FULLER, AND THE ADDRESS OF THE OFFICE OF THE REGISTERED AGENT IS 50 MAHOGANY DRIVE, NAPLES, FLORIDA 34108.

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being named in the Articles of Organization of CHARLOTTE FUNERAL PROPERTIES, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position of Registered Agent.

Date: December 7<sup>th</sup>, 2011

By:   
Michael Fuller

H11000297660 3