

L12000026177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

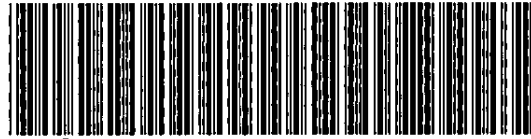
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FEB 23 2012

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 22 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACOBS FUNERAL HOME, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH R. JACOBS, LFD/EMB.

Name of Person

JACOBS FUNERAL HOME, LLC

Firm/Company

2808 COUNTY ROAD 238

Address

WILDWOOD, FLORIDA 34785

City/State and Zip Code

jjbodysnatcher@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH R. JACOBS

Name of Person

at (352) 457-9528

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACOBS FUNERAL HOME, 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:

2808 COUNTY ROAD 238
WILDWOOD, FLORIDA 34785

Mailing Address:

P.O. BOX 434
WILDWOOD, FLORIDA 34785

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:

JOSEPH R. JACOBS, LFD/EMB.

Name

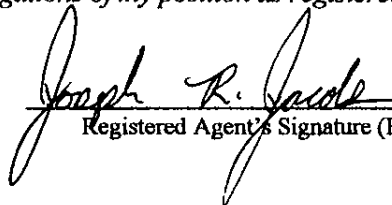
2808 COUNTY ROAD 238

Florida street address (P.O. Box **NOT** acceptable)

WILDWOOD, FL 34785

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

WILDWOOD, FLORIDA 34785

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

SIGNATURE: Joseph R. Jacob
Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)