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(Re	questor's Name)	
(Ad	dress)	
•	,	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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T. CLINE
SEP 2 5 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	PreciousMemo	rialUrns.com LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	Micha	ael Gunderud	
		Name of Person	
	PreciousMe	emorialUrns.com LLC	
		Firm/Company	
	2855 N	W 25th Terrace	
		Address	-
	ъ. г		
		Raton, Florida 33434 y/State and Zip Code	
	•	ud48@yahoo.com	
		or future annual report notification)	
For further information	concerning this matter, please	e call:	
Michael Gunder	ud	at (201) 314-9184	
Name	of Person	Area Code & Daytime Telephone Number	#i-< -
Enclosed is a check for	or the following amount:		A B
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PreciousMemorialUrns.com 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:	Mailing Address:			
2855 NW 25th Terrace	2855 NW 25th Terrace			
Boca Raton, Florida 33434	Boca Raton, Florida 33434			
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an indi-			
Mich	ael Gunderud			7 to 4.00 2 1
- N - N - N - N - N - N - N - N - N - N	Name		T © F\3	
2855 NV	V 25th Terrace		324 T.,) ******
Florida	street address (P.O. Box NOT acceptable)	-12 SE	District Control	2347 tour.
Boca Raton	_{FL} 33434			
	City, State, and Zip	37m A8≥, (1)	eco No	

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGRM" = Managing Member		
MGR	Michael Gunderud	
	2855 NW 25th Terrace	
	Boca Raton, Florida 33434	
	Military	
		
		>0 B
(Use attachment if necessary)		28
(Ose attachment if necessary)		
LE V: Effective date, if other than th	e date of filing: October 1, 2012	. (ÖPTIONĀ
fective date is listed, the date must l	be specific and cannot be more than five	businēss d <u>a</u> g

REQUIRED SIGNATURE:

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. 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.)

MICHAEL GUNDERUD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)