

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
ALL CITIES CREMATION LLC

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

RECEIVED

13 APR -1 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 APR -1 AM 10:25  
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TALLAHASSEE, FLORIDA

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H13000073300

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

All Cities Cremation LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:371 Chapel St #B  
North Miami Beach FL 33169Mailing Address:371 Chapel St #B  
North Miami Beach FL 33169

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Evelyn Vargas  
Name371 Chapel St #B  
Florida street address (P.O. Box NOT acceptable)North Miami Beach FL 33169  
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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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMEVELYN2 VARGAS  
371 Chapel St #B  
North Miami Beach, FL 33169MGRDavid Monnar  
371 Chapel St #B  
North Miami Beach, FL 33169

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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.)

**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.)

EVELYN2 VARGAS

Typed or printed name of signer

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