

L1400086593

Florida Department of State
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To:

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**FLORIDA LIMITED LIABILITY CO.
QUALITY CARE FUNERAL & CREMATION SERVICES, LLC.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2014
J. HARRIS

QUALITY CARE FUNERAL & CREMATION SERVICES, LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

QUALITY CARE FUNERAL & CREMATION SERVICES, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF FUNERAL AND CREMATION SERVICES AND ANY OTHER BUSINESS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

PREPARED BY: TURNER-MCGOWAN & ASSOCIATES LLC.
1100 S STATE ROAD 7, STE 200A
MARGATE, FL 33068
954) 970-0006

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ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS
3531 N ANDREW AVENUE
OAKLAND PARK, FL 33334

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT
FOR SERVICE OF PROCESS.

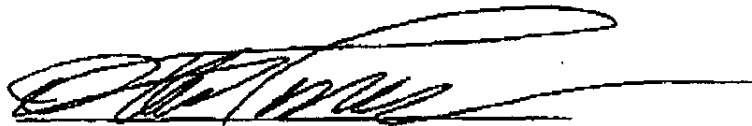
IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF
PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL
33068.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID
OFFICE OPEN.

BY:



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ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

ALBERT MCWHITE

436 NW 16TH AVENUE

FT LAUDERDALE FL 33311

MANAGER'S SIGNATURES

A.R. McWhite

ALBERT MCWHITE

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STATE OF FLORIDA)
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS
AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED ALBERT MCWHITE
BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO
EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 8th DAY OF April, 2014.

John Brown
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

