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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECUL SUCCESSIVE

COVER LETTER

TO:	Registration Section Division of Corporations		
OLID IE4	EVANS FUNERAL HOME	LLC	
SUBJE		ne of Limited Liability Company	
The enc	losed Articles of Organization and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concernir	ng this matter to the following:	
	LEE EVANS		
		Name of Person	
	EVANS FUNERAL HOME		
		Firm/Company	
	110 S 9TH STREET		
		Address	90 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	QUINCY, FL 32351		AUG 2
	N/A	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	-1 (0)
For furthe	er information concerning this matt	er, please call:	33 <u>25</u>
	LEE EVANS	850 2107590 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclose	d is a check for the following amo	unt:	
\$125.00	Filing Fee \$130.00 Filing Certificate of S	Status Certified Copy Certificate of Cadditional copy is enclosed) Certified Co	of Status &
	Mailing Address New Filing Section	Street Address New Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EVANS FUNERAL	HOME LLC			
(Must end	with the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
110 S 9TH STREET	•	110	S 9TH STREET	
QUINCY, FL 32351				
ARTICLE III - Registered Ag The Limited Liability Company	ent, Registered Office, &	Registered Ager	NCY, FL 32351 It's Signature: You must designate an individual or	0:
ARTICLE III - Registered Ag	ent, Registered Office, & cannot serve as its own Ractive Florida registration address of the registered a	Registered Ager Registered Agent.	ıt's Signature:	6 AUS 2
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own Ractive Florida registration address of the registered a	Registered Ager Registered Agent.	ıt's Signature:	6 AUS 22
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own Ractive Florida registration address of the registered a	Registered Agent. Segistered Agent. Segistered Agent. Segistered Agent. Segistered Agent. Segistered Agent are:	ıt's Signature:	6 AUG 22 AH 7:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own Reactive Florida registration address of the registered a	Registered Ager Registered Agent. V agent are: Name	nt's Signature: You must designate an individual or	6 AUG 22 AH
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own Reactive Florida registration address of the registered a LEE EVANS 713 WEST GEORGIA	Registered Ager Registered Agent. V agent are: Name	nt's Signature: You must designate an individual or	6 AUS 22 AH 7: 3

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 605, F.S.

(CONTINUED)

Page 1 of 2

Signature (REQUIRED)

"AMBI	Title: "AMBR" = Authorized Member "MGR" = Manager		Name and Address:		
MGR	= Manager		LEE EVANS		
MGK		-	713 WEST GEORGIA STREET		
			TALLAHASSEE, FL 32304		
			•		
		-			
		-			
(Use at	tachment if nece	essary)			
RTICLE V: E	ffective date. if o	other than the date of filir	ng: .(OPTIONAL)		
RTICLE V: E	ffective date, if o	other than the date of filire date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after		
an effective d	ate is listed, the	other than the date of filir date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after		
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Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)