12122023573 From: Kimberly Laughrey

Florida Department of State **Division of Corporations** 

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To:

Division of Corporations

Fax Number

: (850)617~6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

# FLORIDA LIMITED LIABILITY CO.

### **Baldwin Brothers Southwest, LLC**

Certificate of Status	θ
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

10:	New Filing Section Division of Corporations		
SUBJEC	Baldwin Brothers Southwest, LLC		
30331.0		imited Liabili	y Company
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	ellowing:
	Raymond C. Knopke, Jr.		
		Name of	Person
	Baldwin Brothers Memorial Care Se	rvices, Inc.	
		Firm/Cor	прапу
	2185 North Park Avenue		
		Addre	SS
	Winter Park, FL 32789		
	sknope@baldwincremation.com	City/State and	7ip Code
	E-mail address: (to be use	ed for future ar	nual report notification)
For further	r information concerning this matter, plea	ase call:	
	Raymond C. Knopke, Jr.	928	607-4644
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	Certifie	S160.00 Filing Fee, d Copy copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddress		StreetAddress
	New Filing Section Division of Corporations	1	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Baldwin Brothers	Southwart 11C		
	ontain the words "Limited	Liability Compan	v. "L.C." nr "LLC")
			,, 2.0.0, 0. 220. y
ARTICLE II - Address:	ar addana akata aasaasa a	65 645 1 1 - 15	ALLEN OF STREET
The mailing address and stree	et address of the principal o	ffice of the Limit	ed Liability Company is:
<u> Prin</u>	cipal Office Address:		Mailing Address:
2185 North Park	Avenue	21	85 North Park Avenue
	VI A E LIPIC		
Winter Park, FL:  RTICLE III - Registered. The Limited Liability Comp	32789 Agent, Registered Office, any cannot serve as its own	& Registered Agen	inter Park, FL 32789
Winter Park, FL:  ARTICLE III - Registered. The Limited Liability Computation of the business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agen	inter Park, FI. 32789 ent's Signature:
Winter Park, FL:  ARTICLE III - Registered. The Limited Liability Computation of the business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agenon,)	inter Park, FI. 32789 ent's Signature:
Winter Park, FL:  ARTICLE III - Registered and The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered	& Registered Agenon,)	inter Park, FI. 32789 ent's Signature:
Winter Park, FL:  ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered	& Registered Ag Registered Agen n,) agent are:  Jr.  Name	inter Park, FI. 32789 ent's Signature:
Winter Park, FL:  ARTICLE III - Registered another business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered Raymond C. Knoke,	& Registered Ag Registered Agen n,) agent are:  Jr.  Name cnue	inter Park, FI. 32789 ent's Signature: You must designate an individual or
Winter Park, FL:  ARTICLE III - Registered another business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered Raymond C. Knoke,	& Registered Ag Registered Agen n,) agent are:  Jr.  Name cnue	inter Park, FI. 32789 ent's Signature: You must designate an individual or

place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. 1 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ī	Title: "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager		D 107 1 1
	Manager	-	Raymond C. Knopke, Jr.
			2185 North Park Avenue
:			Winter Park, FL 32789
	Authorized Member		Baldwin Brothers Memorial Care Services, Inc.
		-	2185 North Park Avenue
•			Winter Park, FL 32789
			Winter Faik, P.C.32789
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: (	Use attachment if nece	esary)	
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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)

Raymond C. Knopke, Jr.

Typed or printed name of signee