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(Re	equestor's Name)	
(Ad	dress)	<u></u>
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(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	isiness Entity Nam	
(Bu	Siness Entity Ivain	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of	Corporations					
SUBJECT: <u>Rec</u>	ed i HAII Ma (Name of Re	ov Fuory 11C esulting Florida Limited Co.	mpany)			
		cles of Organization, ar Liability Company" in a				Other
Please return all cor	respondence concernit	ng this matter to:				
·	(Contact Person) // Morfusy, (Firm/Company) // Lerson (Address) City, State and Zip Code) be used for future contact re-	street		7 n (1 3) 1 5) 1 5) 1	2021 JUN - 7 TO ST.	
For further informat	ion concerning this ma	atter, please call:				
Addle Broth (Name of Cont	KS—Reed act Person)	at (<u>\$30</u>) <u>5</u> (Area Code) (Day	09-6028- rtime Telephone Number)	<u>.</u> 850	-62	7570
	for the following amou a bank located in the	unt: (All checks proces: United States)	sed by this office must	be paya	able in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	25185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing S Division of C	ection	New 1	t Address: Filing Section ion of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Artic	:les of Con _:	wersion	is:
(Enter Name of Other Business Entity)	_		
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, comm	on law or bu	usiness tr	ust, etc
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U,S, entity, the	ie name of th	ne countr	- y)
on /////20/2 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Art Reed i Hall Mortuary, LLC (Enter Name of Florida Limited Liability Company)	icles of O	rganiza	ation:
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date:			
. The plan of conversion has been approved in accordance with all applicable statutes.			
The "Converted or Other Business Entity" has agreed to pay any members having appraisable which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	isal rights t	heamor 130 120 - 17	unt to
	·	7 .	•
		1.17	•

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
Reed : HAII Mortuary L (Must contain the words "Linked Li	LC iability Company, "L.L.C.," or "LLC.")		· 	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limit	ed Liability	Compa	ny is:
Principal Office Address:	Mailing Address:			
Reed; Hall Mortuary, UC 1/6 W. Jefferson, Street Quincy, 7/32331	Read Hall Mo 116 W. Gaffer Quancy, 76	Huary 1501 Sty 3235	uc eef	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered A Registered Agent, You must designate a	gent's Sign: n individual or :	ature: mother	
The name and the Florida street address of				
Addie H. Br	rouks - Recd	.	1202	
915 Selman	n Rd	<u>.</u>	· ·	
	(P.O. Box <u>NOT</u> acceptable)	-	7	
Quincy City	FL 3259 /_ Zip			.:
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl accept the obligations of my position a	ed in this certificate. I hereby a apacity. I further agree to com- lete performance of my duties. (ccept the ap ply with the and I am fan	pointme) provisio viliar wit	nt as ns of all th and
Registered Agent's	Signature (REQUIRED)	-		

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Addie H. BROOKS-Reed 915 Selman Ru Quincy, 78 32351
<u> </u>	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Use attachment if necessary)	- 17 (I) H - 17
ARTICLE V: Other provisions, if any.	
	- 7,

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

Ks - Recd
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)

Certificate of Status

I certify from the records of this office that REED & HALL MORTUARY CORP, is a corporation organized under the laws of the State of Florida, filed electronically on November 19, 2012, effective November 17, 2012.

The document number of this corporation is P12000095595.

I further certify that said corporation has paid all fees due this office through December 31, 2012, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 121119082137-600241922906#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Nineteenth day of November, 2012

Ken Detzner Secretary of State