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## ROBINSON KENNON & KENDRON, P.A.

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THOMAS I. KENNON††  
JOHN J. KENDRON  
RACHEL BUTLER PONTE

July 26, 2022

Division of Corporations  
Attn: New Filing Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Cedar Creek Cemetery Trust, LLC  
Our file no. 00734-001

Dear Sir or Madam,

Please see the enclosed check for \$160.00 for the filing fee and certified copies to form the Cedar Creek Cemetery Trust, LLC. Please also see the enclosed cover letter and Articles of Incorporation.

If any additional information is needed from our office, please call me at (386) 755-1334 or email me at [rcb@rkkattorneys.com](mailto:rcb@rkkattorneys.com). Thank you for your attention to this matter.

Sincerely,

Rachel Butler Ponte

Enclosure  
Cc: client

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Cedar Creek Cemetery Trust LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa A Norman

Name of Person

Ceder Creek Cemetery Trust LLC

Firm/Company

11022 Pee wee Harvey Place

Address

Sanderson Florida 32087

City/State and Zip Code

norman@nefcom.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Norman

904

397-1142

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ceder Creek Cemetery Trust LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

14782 County Road 124

Sanderson Florida 32087

**Mailing Address:**

11022 Pee-wee Harvey Place

Sanderson Florida 32087

**ARTICLE III - Registered Agent, Registered Office, & 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:

Melissa A Norman

Name

11022 Pee-wee Harvey Place

Florida street address (P.O. Box **NOT** acceptable)

Sanders Florida 32087

City

State

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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Melissa A Norman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Steve M Harvey  
13044 Fred Harvey Road  
Sanderson Florida 32087

AMBR

Ronald C Davis  
P.O. Box 226  
Sanderson Florida 32087

AMBR

William I Williams  
15131 County Road 124  
Sanderson Florida 32087

AMBR

Roy David Hand  
10900 Shady Pine Way  
Sanderson Florida 32087

(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.)

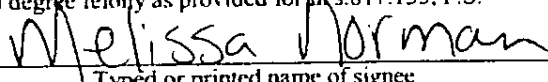
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
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)

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