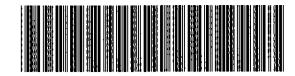
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WILLIAMSSEE, FLORIDA

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B. KOHR
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EXAMINER

DR DEC -9 PH 3: 25



Rena 3 ACCOUNT NO. : 072100000032 REFERENCE : 818966 AUTHORIZATION : COST LIMIT : ORDER DATE: December 9, 2008 ORDER TIME : 11:40 AM ORDER NO. : 818966-015 CUSTOMER NO: 4324340 FOREIGN FILINGS NAME: SMART CREMATION, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:



December 9, 2008

HARRY DAVIS CSC TALLAHASSEE, FL

SUBJECT: SMART CREMATION, LLC

Ref. Number: W08000054728

RESUBMIT

Please give original submission date as file date.

We have received your document for SMART CREMATION, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In Item 9, pleast list the NAMES and ADDRESSES of the company's MANAGERS or MANAGING MEMBERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 508A00059762

RECEIVED

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Smart Cremation, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 4. September 3, 2008 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 11241 Willows Road NE, Bldg. C, Suite 310 Redmond, WA 98052 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: NorthStar-Evergreen LLC 1900 St. James Place, Suite 200, Houston, TX 77056 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable, If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business or activity under the laws of the State of Florida and of the State of Delaware Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true,) Jerry Norman, Chief Executive Officer

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Co	ompany is:	
Smart Crem	nation, LLC		
If name unave	nilable, the alternate name	to be used in the state of Florida is:	
2. The name	and the Florida street addr	ess of the registered agent and office are:	
	CT Corporation Sys	tem	
		(Name)	
	1200 South Pine Isla	and Road	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		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, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation System

Debbie Diaz Assistant Secretary

ant Secretary \$ 100.00

100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMART CREMATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART CREMATION, LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4595462 8300

081176455

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7010654

DATE: 12-09-08

You may verify this certificate online at corp.delaware.gov/authver.shtml