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	" CO	VER LETTER	
TO: Registration Section Division of Corporat	ions		
Warren Family Fo	uneral Services, LLC		
	Name of	Limited Liability Co	onipany
			ion to Transact Business in Florida," Certificate of d liability company to transact business in Florida
Please return all correspondence	e concerning this matter to the	following:	
James L. Wa	rren, III		
	N	ame of Person	
Warren Fam	ily Funeral Services, LLC		
_	F	irm/Company	
P.O. Box 34	71		
		Address	3 F
Valdosta, GA	X 31604-3488		. 声向
	City/S	itate and Zip Code	- 2
etillman@ttllp	.com		: 60
	E-mail address: (to be use	d for future annual r	eport notification)
For further information concern	ing this matter, please call:		
James L. Warren, III		229 at ()	247-1557
Name	e of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	. I (2	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301
Enclosed is a check for the follo	owing amount: \$\Bigcup \text{\$\sum \text{\$\text{\$130.00 Filing Fee & }}\$}\$ Certificate of Status	□ \$155.00 Filing Certified Copy	Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(vante or coteign	Limited Liability Company, must include "Limit	ed Liabilit	y Company," "L.L.C.," or "LLC.")		
Warren Funeral Services.					
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The a	Itemate name must include "Limited Lia	bility Company," "L.L.C," or	"LLC.")
2. Georgia		3	82-2445097		
(Jurisdiction under the law of which foreign limited liability company is organized)		υ,		per, if applicable)	
4. August 14, 2017					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ				
5. 105 W US 90		6	P.O. Box 3471		
(Street Address of I	rincipal Office)	0.	(Mailing Add	ress)	
Baldwin, FL 32234			Valdosta, GA 31604		
 					<u>. </u>
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)	: <u>:</u>	
- <u></u>	James L. Warren, III		• ,		<u> </u>
Name:	James E. Waren, III			• •	: : :
Office Address:	105 W US 90				
	Baldwin, FL 32234		, Florida 32234 (Zip cod	•	± '**'
	(Cin)		Zip cod	c) :	?
and accept the obligation.	s of my position as registered agent.	r and co	mplete performance of my	duties, and I am fam	
and accept the obligation:	s of my position as registered agent.		mplete performance of my	duties, and I am fam	
and accept the obligation:			mplete performance of my	duties, and I am fam	
	s of my position as registered agent.	as/have:		duties, and I am fam	illiar with
8. The name, title or capa	(Registered agent,	as/have:	authority to manage is/are:		illiar with
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent) (Registered agent) acity and address of the person(s) who hame and Address:	as/have:	authority to manage is/are:		illiar with
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent. (Registered agent. (Registered agent.) acity and address of the person(s) who hame and Address: James L. Warren, III P.O. Box 3471	as/have:	authority to manage is/are:		illiar with
8. The name, title or capa Title or Capacity: Managing Member	(Registered agent) (Registered agent) active and address of the person(s) who hame and Address: James L. Warren, III P.O. Box 3471 Valdosta, GA 31604	as/have:	authority to manage is/are:		illiar with
8. The name, title or capa Title or Capacity: Managing Member (Use attachments if neces: 9. Attached is a certificate jurisdiction under the law	Registered agent. (Registered agent) acity and address of the person(s) who hame and Address: James L. Warren, III P.O. Box 3471 Valdosta, GA 31604 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have:	authority to manage is/are: itle or Capacity:	Name and Addre	ss:
8. The name, title or capa Title or Capacity: Managing Member (Use attachments if necessing). Attached is a certificate jurisdiction under the law of the translator must be suited. This document is executed.	Registered agent. (Registered agent) acity and address of the person(s) who hame and Address: James L. Warren, III P.O. Box 3471 Valdosta, GA 31604 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	duly aut te is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translat	Name and Addre	ss:
8. The name, title or capa Title or Capacity: Managing Member (Use attachments if necessing). Attached is a certificate jurisdiction under the law of the translator must be suited. This document is executed.	Registered agent. (Registered agent. (Registered agent.) (Separate and Address: James L. Warren, III P.O. Box 3471 Valdosta, GA 31604 (Separate agent.) (Separate agent.) (Separate agent.) (Registered agent.)	duly aut te is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha foreign language, a translat	Name and Addre	ss: rds in the under oath

Typed or printed name of signee

Control Number: 17085999

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Warren Family Funeral Services, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14800860
Date Inc/Auth/Filed: 08/04/2017
Jurisdiction : Georgia
Print Date : 08/22/2017

Form Number : 211



Brian P. Kemp Secretary of State