

T. LEHNEUX

**TIMOTHY J. SLOAN, P.A.**

ATTORNEY AND COUNSELOR AT LAW  
427 MCKENZIE AVENUE  
POST OFFICE BOX 2327  
PANAMA CITY, FLORIDA 32402-2327

TELEPHONE (850) 769-2501  
FACSIMILE (850) 769-0824

TIMOTHY J. SLOAN  
ISO MEMBER OF  
DISTRICT OF COLUMBIA  
AND MISSOURI BARS

December 31, 2019

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

Re: First Funeral Planning, LLC

Gentlemen:

Enclosed please find the original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida ("Application") along with copies of the Articles of Organization and a Certificate of Good Standing, together with a check in the amount of \$155.00 to cover the cost of filing. Please file the Application after January 1, 2020, and return a certified copy to us.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Very truly yours,

TIMOTHY J. SLOAN, P. A.

  
Timothy J. Sloan

TJS/mf  
Encl.

## COVER LETTER

### Registration Section Division of Corporations

First Funeral Planning, LLC

CT:

Name of Limited Liability Company

losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of  
se, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

eturn all correspondence concerning this matter to the following:

Timothy J. Sloan

Name of Person

Timothy J. Sloan, P.A.

Firm/Company

427 McKenzic Ave.

Address

Panama City, FL 32401

City/State and Zip Code

Robert.patterson@firstfuneralplanning.com

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

ther information concerning this matter, please call:

Timothy J. Sloan

850

769-2501

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

#### MAILING ADDRESS:

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

#### STREET ADDRESS:

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

PLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
NY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Funeral Planning, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

ouri

81-4347251

3.

isdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

0 S. Highway 77

2310 S. Highway 77

(Street Address of Principal Office)

6.

(Mailing Address)

n Haven, FL 32444

Lynn Haven, FL 32444

ne and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Robert Patterson

Office Address:

2310 S. Highway 77

Lynn Haven, FL

32444

, Florida

(City)

(Zip code)

ered agent's acceptance:

g been named as registered agent and to accept service of process for the above stated limited liability company at the place  
ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree  
ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
cept the obligations of my position as registered agent.

(Registered agent's signature)

FILED  
2020 JAN -6 PM 3:31  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to [up to six (6) total]:

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: Robert Patterson	<input type="checkbox"/> Manager	Name: _____
Member	Address: 2310 S. Highway 77	<input type="checkbox"/> Member	Address: _____
Authorized	Lynn Haven, FL 32444	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

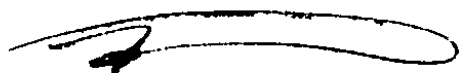
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath and a sworn translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



\_\_\_\_\_  
Signature of an authorized person

Robert Patterson, Member Manager

\_\_\_\_\_  
Typed or printed name of signee

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

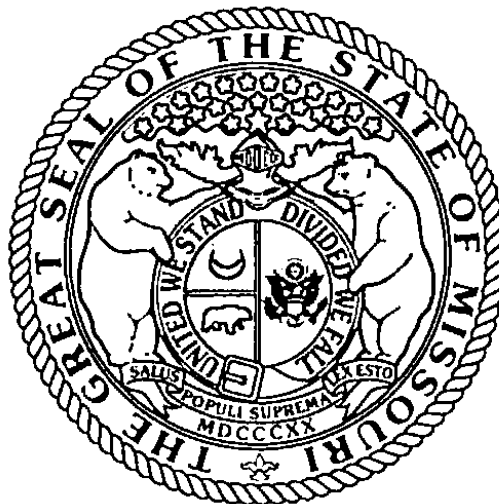
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*First Funeral Planning, LLC*  
*LC001513368*

was created under the laws of this State on the 6th day of November, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of December, 2019.

  
Secretary of State



Certification Number: CERT-12182019-0070

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

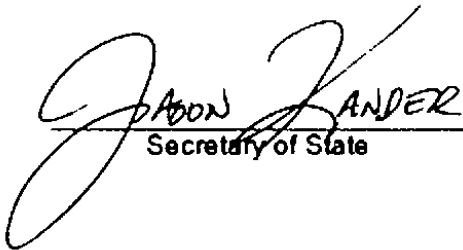
WHEREAS,

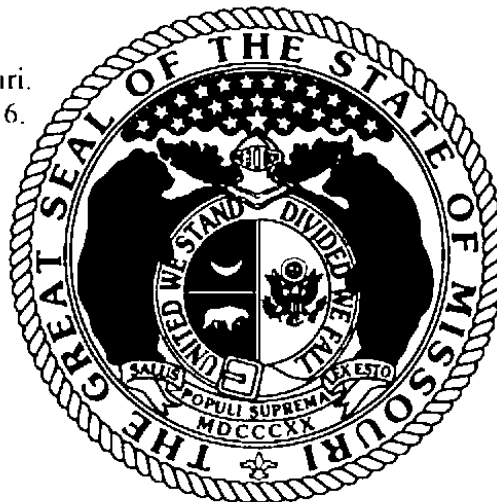
*First Funeral Planning, LLC*  
*LC001513368*

filed its Articles of Organization with this office on the 6th day of November, 2016, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, Jason Kander, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 6th day of November, 2016, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 6th day of November, 2016.

  
Secretary of State





# State of Missouri

Jason Kander, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

LC001513368  
Date Filed: 11/6/2016  
Jason Kander  
Missouri Secretary of State

## Articles of Organization

(Submit with filing fee of \$105.00)

Name of the limited liability company is

Funeral Planning, LLC

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "LLC," or "LLC")

Purpose(s) for which the limited liability company is organized:

Transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act Chapter 347 RSMo.

Name and address of the limited liability company's registered agent in Missouri is:

Anderson

3740 Broadway Street, Second Floor

Kansas City MO 64111

Street Address: May not use PO Box unless street address also provided

City/State/Zip

Management of the limited liability company is vested in: ☐ managers ☒ members (check one)

Events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

(The answer to this question could cause possible tax consequences; you may wish to consult with your attorney or accountant)

Name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

on, Robert

Address  
1823 Kingbird Lane

City/State/Zip  
Liberty MO 64068

Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

Series:  
The limited liability company gives notice that the series has limited liability.

Series:  
The limited liability company gives notice that the series has limited liability.

Series:  
The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Julie Anderson

Address: Email: julie@wiseandersonlaw.com

State, and Zip Code:



effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise stated: \_\_\_\_\_

*(Date may not be more than 90 days after the filing date in this office)*

Information thereof, the facts stated above are true and correct:

I, the undersigned, understand that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**Signers must sign:**

Patterson	ROBERT PATTERSON	11.06.2016
<i>Per Signature</i>	<i>Printed Name</i>	<i>Date of Signature</i>