



**H20000164005 3****COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** SCI Georgia Funeral Services, LLC

.....  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Lyndi Roundtree

.....  
Name of Person

SCI Georgia Funeral Services, LLC

.....  
Firm/Company

1929 Allen Parkway

.....  
Address

Houston, TX 77019

.....  
City/State and Zip Code

rene.nelson@sci-us.com

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

For further information concerning this matter, please call:

Lyndi Roundtree

712

525-5219

at (.....)

.....  
Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCI Georgia Funeral Services, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. Delaware 3. 76-0323238  
(Jurisdiction under the law of which foreign limited liability company is organized) (PTI number, if applicable)

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

5. 1929 Allen Parkway 6. 1929 Allen Parkway  
(Street Address of Principal Office) (Mailing Address)  
Houston, Texas 77019 Houston, Texas 77019

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

Name: CORPORATION SERVICE COMPANY  
Office Address: 1201 Hays Street  
Tallahassee 32301 Florida  
(City) (Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kadesha N. Roberson  
(Registered agent's signature)

KADESHA ROBERSON, ASST. VICE PRESIDENT

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>SCJ Funeral Services, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Daniel Kleban</u>
<input checked="" type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>	<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>	<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: <u>Janel Key</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Lyndi Roundtree</u>
<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>	<input type="checkbox"/> Member	Address: <u>1929 Allen Parkway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>	<input type="checkbox"/> Authorized	<u>Houston, TX 77019</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> 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-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. 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 of the translator must be submitted)

10. 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.

*Daniel Kleban*

Signature of an authorized person

Daniel Kleban, Vice President

Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GEORGIA FUNERAL SERVICES, 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 TWENTY-SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCI GEORGIA FUNERAL SERVICES, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2239137 8300

SR# 20204613803

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202990334

Date: 05-26-20

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