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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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W. LAWKENDE

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: ASHES ARTISTRY 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: |
| SHARON E LACEY Name of Person |
| ASHES ARTISTRY LLC. |
| Firm/Company 15086 BUCKEYE DR |
| Address |
| FT MYERS, FL 33905 |
| Shar acey @ 10100d, com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sharon lacey at 139 878-876 Sharon Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee S130.00 Filing Fee S25160.00 Fil |
| |

Mailing Address

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

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> W. LAWAINCE JAN 10 LLU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| 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: Mailing Address: |
| 15086 BUCKERE DR FT MYETS FL 33905 |
| 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: |
| SHARON LACEY |
| 15081. Buchene DR |
| Florida street address (P.O. Box NOT acceptable) |
| Ft Myers FL 33905 |
| 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 605, F.S |
| Registered Agent's Signature (REQUIRED) |
| (CONTINUED) CONTINUED) CONTINUED |
| 16 16 E |
| |

ARTICLE IV-

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

| Title: | Name and Address: |
|-----------------------------------|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| <u> </u> | Sharon E LACEY |
| | 15081 Buckeye Drive |
| | - FF Myers, FL 33905 |
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| (Use attachment if necessary) | |
| CLE VI: Other provisions, if any. | meet the applicable statutory filing requirements, this date will not be listed tof State's records. |
| | |
| REQUIRED SIGNATURE: | E Garage |
| NNW | on charge |
| | ember or an authorized representative of a member. |
| | ated in accordance with section 605.0203 (1) (b), Florida Status. |
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| constitutes a third degre | the information submitted in a document to the Department of Sale the felony as provided for in s.817.155. F.S. MARON E LACEL Typed or printed name of signee |
| constitutes a third degreeS | the information submitted in a document to the Department of Sale the felony as provided for in s.817.155. F.S. MARON E LACEU Typed or printed name of signee |
| constitutes a third degree | reganization and Designation of Registered Agent |

W. LAVIRENCE JAN 16 223