

L14000097091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

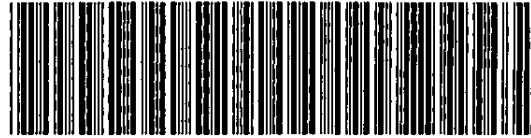
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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EFFECTIVE DATE 06-12-14

06/16/14--01051--005 **130.00

2014 JUN 16 10 30 AM
RECEIVED
STATE OF NEW YORK
DEPARTMENT OF STATE

B. BOSTICK

JUN 17 2014

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Creation of Florida LLC, Cannabis Career Institute, LLC
Name of Limited Liability Company**

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven L Elkins
Name of Person

Cannabis Career Institute, LLC
Firm/Company

7380 W. Sand Lake Rd, Suite 500
Address

Orlando, FL 32819
City/State and Zip Code

s-elkins@usa.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven L Elkins at (407) 212-3007
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2011 JUN 15 11:02
 11300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cannabis Career Institute, LLC

(Must end with 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:

7380 W Sand Lake Rd
Suite 500
Orlando, FL 32819

7380 W Sand Lake Rd
Suite 500
Orlando, FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

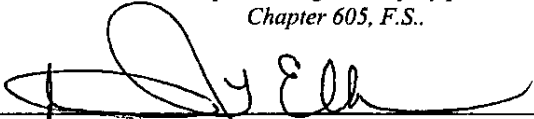
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Steven Elkins
Name
14900 E Orange Lake Blvd., # 347
Florida street address (P.O. Box **NOT** acceptable)
Kissimmee FL 34747
City Zip

4/12/2021
11:00 AM
3/31/2021

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Steven Elkins

14900 E Orange Lake Blvd, # 347

Kissimmee, FL 34747

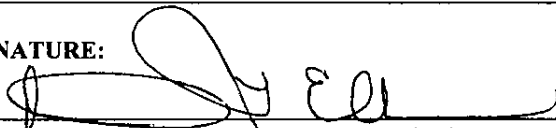
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 12, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Steven L Elkins

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2014 JUN 16 PM 2:03