

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L21000120089
FILED 8:00 AM
March 15, 2021
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:
WILD WOODS APOTHECARY LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
18925 ARIPEKA RD
405
ARIPEKA, FL. US 34679

The mailing address of the Limited Liability Company is:
PO BOX 405
ARIPEKA, FL. IS 34679

Article III

Other provisions, if any:

PURPOSE OF WHICH LLC IS ORGANIZED: ANY AND ALL LAWFUL
BUSINESS RETAIL AND WHOLESALE OF FRESH AND ORGANIC PRODUCTS
AND DIETARY SUPPLEMENTS.

Article IV

The name and Florida street address of the registered agent is:
MONICA DELGADO
18925 ARIPEKA RD
405
ARIPEKA, FL. 34679

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.

Registered Agent Signature: MONICA DELGADO

Article V

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The name and address of person(s) authorized to manage LLC:

Title: MGR
MONICA DELGADO
18925 ARIPEKA RD #405
ARIPEKA, FL. 34679 US

Signature of member or an authorized representative

Electronic Signature: MONICA DELGADO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.