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COVER LETTER

	gistration Section vision of Corporations		·
SUBJECT:	The Cannabis Consulting Group Name of Lim	nited Liability Company	
The enclosed	d Articles of Organization and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
-	Michael Purcell	Name of Person	
-		Firm/Company	
_	317 North Collier Blvd		* 325
		Address	SECRETARY ALLAHASS
ا	Marco Island, FL. 34145 C	ity/State and Zip Code	مدانيه
joseph	.m.macaluso@gmail.com E-mail address: (to be used	for future annual report notification	OF STATE
For further in	nformation concerning this matter, plea	se call:	
Joseph Ma	caluso at (& Name of Person		ohone Number
Enclosed is	a check for the following amount:		
] \$125.00 Fili	ng Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Cannabis Consultanting Group, 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 of	fice of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
317 North Collier Blvd Marco Island, FL. 34145	317 North Collier Blvd Marco Island, FL. 34145	
ARTICLE III - Registered Agent, Registered Office, a (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must desig	
The name and the Florida street address of the registered	agent are:	
Michael Purcell Name		
317 North Collier Blvd Florida street address (P.O. Box	NOT acceptable)	
Marco Island	FL 34145	
City Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obless. Chapter the Chapter of th	t the appointment as registered age of all statutes relating to the proper ligations of my position as registere er 605, F.S	ent and agree to act in this and complete performance
(CONTINUI	ED)	* 35E

Page 1 of 2

SEGRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Michael Purcell
	317 North Collier Blvd
	Marco Island, FL
AMBR	Joseph Macaluso
	7924 Tiger Lily Dr.
	Naples, FL. 34113
(Use attachment if necessary)	
(Ose attachment it necessary)	
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Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as Michael Purcell	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)

ARTICLE IV-