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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 04/01/13



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2019 APR -5 PM 12: 03

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:		Manassel, L	LC
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
Taryr	1 Griffin	Vanue of Person	
•	Ŋ	Vame of Person	
····		NA	
_	1	Firm/Company	
2128 [Drayton Dri	VC	
		Address	
Tallah	assee, Floors 100188 Egmai	32311	APR-5
<u> </u>	City/	State and Zip Code	TT ->
Tharry	iori 88 camac	r future annual report notification)	PM 12: 03 OF STATE E FLORIDA
	E-mail address: (To be used for	r ninge aumiai report nonneauon)	12: 03 STATE LORIDA
For further information c	oncerning this matter, please o	call:	₹
Taryn ar	iffin	ar (941) 961-	1863
Name o	f Person	Area Code & Daytime Telep	olione 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.B.D. B. of Taylahassee, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

2128 Drayton Drive	2128 Drayton Drive
Tallanassa, FC 32311	Tallahasse, fc 32311
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

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 608, F.S.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MC+R"	= Manager	Name and Address:
	I" = Managing Member	
<u> </u>	GR	Courtney farrison 3664 Cootrage Court Taylahaske, FC 32311
<u> M</u>	GR	Andrew Borom 4492 Rnoden Cove Lane Tallahassee, FL 32312
	·	
<u></u>		
ARTICLE V: I	achment if necessary) Effective date, if other than the dadate is listed, the date must be ays after the date of filing.)	te of filing: 4/1/3. (OPTIONAL) e specific and cannot be more than five business days
ARTICLE V: I (If an effective prior to or 90 da	Effective date, if other than the da date is listed, the date must be ays after the date of filing.) RED SIGNATURE:	,

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)