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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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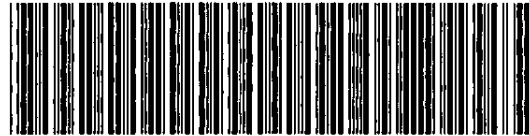
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/14--01032--020 **130.00

Effective Date 1/24/14

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2014 JAN 27 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2013

T. HAMPTON



FINANCIAL RESEARCH SOLUTIONS, INC.

January 23, 2014

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: MicroCannaBiz, LLC

Dear Sir or Madam,

I am enclosing herein the Cover Letter, Articles of Organization for Florida Limited Liability Company and a check in the amount of one hundred thirty dollars and no cents (\$ 130.00) for the required filing fee and a certificate of status. All correspondence relating to this limited liability company should be forwarded to the following address:

MicroCannaBiz, LLC
204 37th Avenue North, Suite 401
St Petersburg, FL 33704

If you should have any questions in connection with the enclosed matter, please contact the undersigned.

Sincerely yours,

FINANCIAL RESEARCH SOLUTIONS, INC.

David W. Dube

David W. Dube, CPA
President

DWD/fm
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MicroCannaBiz, 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:

David W. Dube

Name of Person

MicroCannaBiz LLC

Firm/Company

204 37th Avenue North, Suite 401

Address

St Petersburg, FL 33704

City/State and Zip Code

ddube@peakpeat.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Dube

Name of Person

at (727) 536-7100

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

Effective Date

1/24/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MicroCannaBiz, 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:

204 37th Avenue North, Suite 401

St. Petersburg FL 33704

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:

David W. Dube

Name

204 37th Avenue North, Suite 401

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL 33704

City

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..

David W. Dube

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMGR

AMGR

MGR

Name and Address:

David W. Dube

204 37th Avenue North, Suite 401

St Petersburg, FL 33704

Kimberlee Henrikson

204 37th Avenue North, Suite 401

St Petersburg, FL 33704

Brian Ozer

204 37th Avenue North, Suite 401

St. Petersburg, FL 33704

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 24, 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.)

David W. Dube

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA