

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L15000039727

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000055897 3)))



H150000558973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608) 827-5300
 Fax Number : (608) 827-5501

2015 MAR -4 AM 7:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: agent@bizfilings.com

**FLORIDA LIMITED LIABILITY CO.
 CBD Nature's Miracle LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
 15 MAR -4 AM 10:00
 BUREAU OF CORPORATIONS
 INFORMATION SERVICES

MAR 05 2015
 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H15000055897 3

**ARTICLES OF ORGANIZATION
OF
CBD Nature's Miracle LLC**

ARTICLE I NAME

The name of the limited liability company is: CBD Nature's Miracle LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 38 St.thomas Drive, Palm Beach Gardens, Florida 33418.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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..

Signature: 
Mark Williams, A.V.P. Business Filings Incorporated

Date: March 4, 2015

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Frank Leonetti, Jr, 38 St.thomas Drive, Palm Beach Gardens, Florida 33418

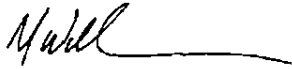
FAX AUDIT # H15000055897 3

FILED
2015 MAR -4 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H15000055897 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: March 4, 2015

(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.)

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

FILED

2015 MAR -4 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H15000055897 3