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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Cannabis Nursing, L.L.C.
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:

Jean Henrich, RN, CEO/CFO

Name of Person

Florida Cannabis Nursing, LLC

Firm/Company

PO Box 20364

Address

Bradenton, Florida 34204

City/State and Zip Code

jhenrich@flcannabisnursing.com

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

For further information concerning this matter, please call:

Jean Henrich 941 727-1092
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$160.00 Filing Fee Certificate of Status & Certified Copy

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Jean Henrich, RN, CEO/CFO, AMBR & MGR

Bridget Ray-Bryant, RN, COO/CNO, AMBR & MGR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2017. (OPTIONAL)

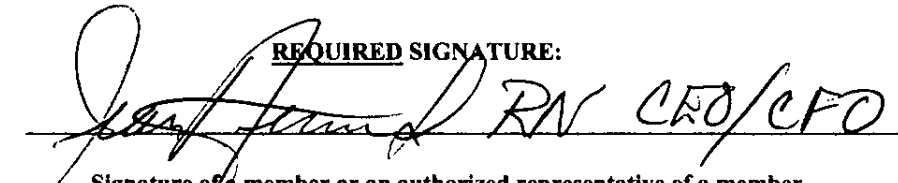
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Jean Henrich", followed by the printed text "RN CEO/CFO". The signature is written over a horizontal line.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Jean Henrich, RN, CEO/CFO

Typed or printed name of signee

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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Cannabis Nursing, Limited Liability Company

(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:

3 Oak Street

Historic Braden Castle

Bradenton, Florida, 34207

Mailing Address:

PO Box 20364

Bradenton, Florida, 34204

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:

Bridget Ray-Bryant, RN, COO/CNO

Name

3 Oak Street, Historic Braden Castle

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

Bradenton, Florida, 34207

City

State

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.

Bridget Ray-Bryant, RN, COO/CNO
Registered Agent's Signature (REQUIRED)

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