

L170000016289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

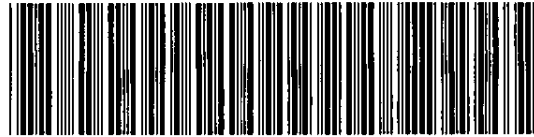
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17 JAN 24 PM 11:48
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TALLAHASSEE, FLORIDA

COVER LETTER

**To: Registration Section
Division Corporation**

FILED
17 JAN 24 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Quincy-Gadsden Medical Marijuana, LLC

**The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following**

**Yogesh Patel
Quincy-Gadsden Medical Marijuana, LLC
24 Jackson Street South
Quincy, Florida 32351
Mailing Address: 24 Jackson Street South, Quincy, FL 32351**

**For further information concerning this matter, please call
Yogesh Patel at (850) 294-1242**

Enclosed is a check in the amount of \$130.00.

Articles of Organization
Of
QUINCY-GADSDEN MEDICAL MARIJUANA, LLC.

FILED
17 JAN 24 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

The Name of Corporation shall be:

Quincy-Gadsden Medical Marijuana, LLC

Article II

The Principal Place of Business/Mailing Address is:

Principal/Office Address
24 Jackson Street, South
Quincy, FL 32351

Mailing Address
21 Yvonne Court
Havana, FL 32333

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:

Yogesh Patel
21 Yvonne Court
Havana, FL 32333

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 his capacity. I further agree to comply with the provision 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.



Registered Agent's Signature

Article IV

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

Title:

AMBR

Name and Address:

ALKA Patel
21 Yvonne Court
Havana, FL 32333

AMBR

Yogesh Patel
21 Yvonne Court
Havana, FL 32333

Article V

Effective Date: January 23, 2017

Article VI

Other Provisions

The purpose of this Limited Liability Company intends to provide Medical Services and products, namely Medical Marijuana, to physicians and their patients in the State of Florida in accordance with Florida Law and any and all Lawful Business.

Yogesh C Patel
Signature of a member or an authorized representative of a member

Yogesh Patel
Typed or printed name of signee