

L17000071672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

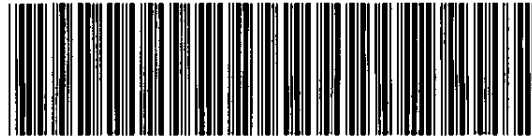
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FALLS CHURCH, VA

C. GOLDEN

APR - 3 2017

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Compassionate Patients Florida LLC

Signature \_\_\_\_\_

Requested by: BA

03/31/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**  
**COMPASSIONATE PATIENTS FLORIDA LLC**

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SECRET  
TOLLETT'S, INC. OF FLA.

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**ARTICLE I - NAME**

The name of the Limited Liability Company is **COMPASSIONATE PATIENTS FLORIDA LLC**.

**ARTICLE II - ADDRESS**

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

Principal Office Address:

31400 N. Western Hwy, Suite H  
Farmington Hills, MI 48334

Mailing Address:

608 West Horatio Street  
Tampa, Florida 33606-4104

**ARTICLE III – REGISTERED AGENT, REGISTERED  
OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are:

DAVID A. TOWNSEND, ESQUIRE  
Townsend & Brannon  
608 West Horatio Street  
Tampa, Florida 33606-4104

Having been named as registered agent and to accept service of process for the above stated professional 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, *Florida Statutes*.

  
DAVID A. TOWNSEND, ESQUIRE  
Registered Agent

**ARTICLE V – MANAGERS OR MANAGING MEMBERS**

The name and address of each Manager or Managing Member are as follows:

"MGR" = Manager

"MGRM" = Managing Member

TITLE:

MGRM

NAME AND ADDRESS:

STEVE SCHAFER  
31400 N. Western Hwy, Suite H  
Farmington Hills, MI 48334

**ARTICLE VI – EFFECTIVE DATE**

The effective date of this Limited Liability Company is March 31, 2017.



DAVID A. TOWNSEND

Signature of Incorporator

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