Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name

: FASTKIT CORP

Account Number : 120100000009

Phone : (305)599-0839

Fax Number

: (305)592-9591

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

Email	Address	:	 	

FLORIDA LIMITED LIABILITY CO.

Coastal Medicine Dispensary LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

Constal Medicine Dispensury LLC

(Must end with the words "Limbed Liability Company" "LLC" or LLC")

ARTICLE 11 - Address

The molling address and street address of the principal office of the Limited Liability Company

Principal Office Address:

Maiding Address:

136 N River Orive E Jupiter, FL 33458 PD Bux 8232

Port St Lucie, FL 34985-8232

ARTICLE 111 - 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 FL registration.)

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

Carrie Murray 136 N River Drive E Jupiter, FL 33458

Flaving been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, I horsby 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 dusies, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605 F.S.

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SECRETARY OF STATE
SECRETARY OF STATE
AND SEE, FLORIDA

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ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of earli Manager or Managing Member is as follows:

Title

Name and Address:

Managing Member

Carrie Murray

136 N River Drive & Jupiter, FL 33458

Managing Member

Sean Милтеу

136 N River Drive E Jupiter, FL 33458

ARTICLE V - Effective date, if other than the date of filing: March 29, 2017 (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.)

Required Signature:

Signature of a member or an authorized programmative of a member

(In accordance with section 60 5, 0203 Florida Stances, the execution of this
document constitutes an affirmation under the penalties of perjury that the
facts stated herein are true.)

Carrie Military
typod or printed name of signee

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TENTON TO