

LI7000109036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

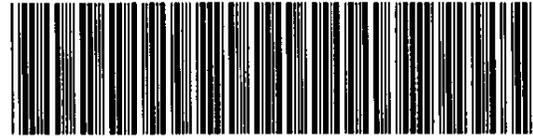
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 07 2017 17:16:15 PM

wf7-31127
Lwf7-38658

M. MOON

APR 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2017

ANN HEMPEN
PO BOX 795
ST PETERSBURG, FL 33731

SUBJECT: HEMP & HOLISM LLC
Ref. Number: W17000038658

We have received your document for HEMP & HOLISM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 817A00008869

17 MAY 16 PM 4:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2017

ANN HEMPEN
PO BOX 795
ST PETERSBURG, FL 33731

SUBJECT: HEMP & HOLISM LLC
Ref. Number: W17000031127

17 APR 28 PM 1:27
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

We have received your document for HEMP & HOLISM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 517A00006906

17 APR 16 PM 4:28
SERIALIZED
FILED

Revised Articles of Organization
Original filing was rejected

COVER LETTER

because Principal office
address, was a PO Box
This has been corrected
in attached A.O.

TO: New Filing Section
Division of Corporations

SUBJECT: Hemp & Holism LLC

Name of Limited Liability Company

Rejection Document #3:

W17000031127
W17000038658

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Hemen

Name of Person

Hemp & Holism LLC

Firm/Company

PO Box 795

Address

St. Petersburg, FL 33731

City/State and Zip Code

campcarson224@gmail.com

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

For further information concerning this matter, please call:

Ann Hemen

407

222-9235

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hemp & Holism LLC

(Must contain 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:

221 W Princeton St
Orlando, FL 32804

Mailing Address:

PO Box 795
St. Petersburg, FL33731

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:

Thomas Evans

Name

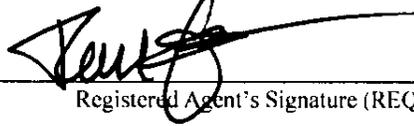
390 N Orange Ave Suite 2300

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

Orlando FL 32801

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Ann Hemen

PO Box 795

St. Petersburg, FL 33731

(Use attachment if necessary)

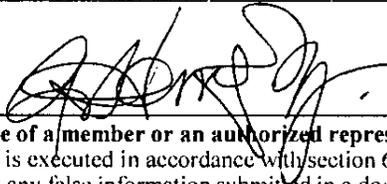
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:



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.

Ann Hemen

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)

17 MAR 16 PM 4:23

FILED