

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000003538  
FILED 8:00 AM  
January 04, 2018  
Sec. Of State  
cewilson

**Article I**

The name of the Limited Liability Company is:

NU-LEAF MD, LLC

**Article II**

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

444 E 5TH AVENUE  
MOUNT DORA, FL. US 32757

The mailing address of the Limited Liability Company is:

18981 US HWY 441  
STE 236  
MOUNT DORA, FL. US 32757

**Article III**

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

THOMAS D BROWN MD  
18981 US HWY 441  
STE 236  
MOUNT DORA, FL. 32757

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.

Registered Agent Signature: THOMAS D BROWN, MD

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
THOMAS D BROWN MD  
18981 US HWY 441, STE 236  
MOUNT DORA, FL. 32757 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

01/04/2018

Signature of member or an authorized representative

Electronic Signature: THOMAS D BROWN, MD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.