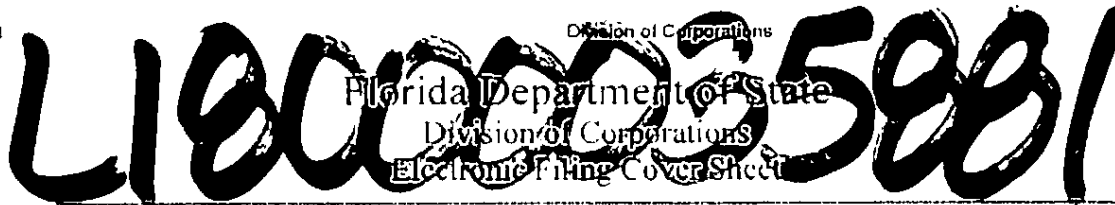


12/21/2018



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003614113)))



H180003614113ABZ

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FC400000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

2018 DEC 21 AM 11:51  
 OFFICE OF THE STATE  
 TALLAHASSEE, FL  
**FILED**

**LLC DISSOLUTION OR WITHDRAWAL  
EDIBLES 335, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2018 DEC 21 AM 10:53

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D.C. &amp; L.

S. PRATHER

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Edibles 335, LLC

2. The Articles of Organization were filed on 02/09/2018 and assigned

document number LI0000035881

3. The delayed effective date the dissolution is not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Ceased to do business

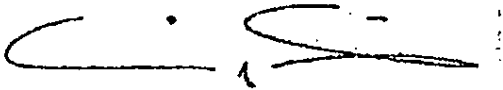
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jeff Alexander

980 Hammond Drive, Suite 1000,

Atlanta, GA 30328

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Tariq Farid, Authorized Person

Printed Name

**FILING FEE: \$25.00**

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STATE  
TALLAHASSEE, FL

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