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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

W. WOON



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2018 FEB -9 PM 4: 15
SECURIANSSEE FLORIDA

18 FEB -9 AM 1: 05 SECRETABLY OF STATE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 065317 7930608

COST LIMIT : \$ 125.00

ORDER DATE: February 9, 2018

AUTHORIZATION :

ORDER TIME : 1:47 PM

ORDER NO. : 065317-005

CUSTOMER NO: 7930608

DOMESTIC FILING

NAME: COLUMBIA CARE FLORIDA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Columbia Care Flo | orida 11 <i>C</i> | | | |
|---|---|--|---|---|
| | ntain the words "Limited | Liability Company | , "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street | address of the principal o | office of the Limited | I Liability Company is: | |
| Princ | ipal Office Address: | | Mailing Add | Iress: |
| 70 Industrial Aven Lowell, MA 01852 | | | Industrial Avenue, Suite well, MA 01852 | В |
| Lower, MA 01832 | | | VEIL MIX 01832 | |
| ARTICLE III - Registered A (The Limited Liability Comparanother business entity with a The name and the Florida street | ny cannot serve as its own n active Florida registratio | Registered Agent. on.) | | ndividual or |
| | Corporation Service | | | |
| | Corporation Service | Name | | |
| | 1201 Hays Street | | | |
| | Florida street addres | s (P.O. Box <u>NOT</u> 2 | acceptable) | |
| | | | | |
| | Tallahassee | FL | 32301 | |
| | City | State | Zip | |
| lace designated in this certifica arther agree to comply with the | City d agent and to accept serv te, I hereby accept the app provisions of all statutes r obligations of my position | State ice of process for the cointment as register clating to the prope as registered agent Multiple as Agent's Signa | Zip e above stated limited lia red agent and agree to ac r and complete performa as provided for in Chapt ture (REQUIRED) | t in this capacity. I nce of my duties, and I |
| laving been named as registered lace designated in this certifica further agree to comply with the am familiar with and accept the | City d agent and to accept serv te, I hereby accept the app provisions of all statutes r obligations of my position | State ice of process for the cointment as register elating to the prope as registered agent | Zip e above stated limited lia red agent and agree to ac r and complete performa as provided for in Chapt ture (REQUIRED) | t in this capacity. T nce of my duties, and T er 605, F.S Roxanne Turner |

| | | | ** | |
|---|-----|-----|------|-----|
| А | RTI | (1 | . H. | IX- |

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

| "MGR" = Manager MGR Michael Abbott 70 Industrial Avenue, Suite B Lowell, MA 01852 MGR Micholas Vita 70 Industrial Avenue, Suite B Lowell, MA 01852 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not heart's effective date on the Department of State's records. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of k member of 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. Michael Abbott, Manager Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) | ## All Abbout To Industrial Avenue, Suite B | Title: | thorizad Mamhar | Name and Address: | | |
|--|--|----------------|--|--|---------------|-------|
| MGR Michael Abbott 70 Industrial Avenue, Suite B Lowell, MA 01852 MGR Nicholas Vita 70 Industrial Avenue, Suite B Lowell, MA 01852 Michael About 10 Industrial Avenue, Suite B Lowell, MA 01852 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of 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. Michael Abbott, Manager | Michael Abbott 70 Industrial Avenue, Suite B Lowell, MA 01852 R Nicholas Vita 70 Industrial Avenue, Suite B Lowell, MA 01852 Effective date, if other than the date of filing: (OPTIONAL) we date is listed, the date must be specific and cannot be more than five business days prior to or 90 ling.) date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records. To Other provisions, if any. OUIRED SIGNATURE: Signature of **member br 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. Michael Abbott, Manager Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certificate of Status (Optional) 5.00 Certificate of Status (Optional) | | | | | |
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