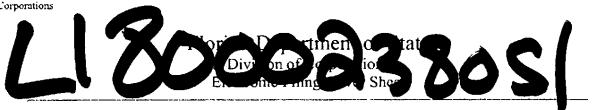
Division of Corporations



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.

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To:	Division of Corporations Fax Number : (850)617-638	0.1	(A.S.)
	rax Number : (830)817-638	81	74 4 0
From:	Account Name : C T CORPORAT Account Number : FCA00000002 Phone : (614)280-33 Fax Number : (954)208-08	3 38	A STATE
	the email address for this busi:		
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	FLORIDA LIMITED	LIABILITY CO.	
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Corporate Filing Menu

HONOR ORIGINAL DATE 10-08-18

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Help

Electronic Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLESO	POROBRIZATIONFOR	CELECULIDA LAMITECO L	MADITAL LOCATION 1			
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:					
SWC Fort Myers Bo	otanicals LLC tain the words "Limited	Liability Company, "	L.L.C.," of "LLC.")			
ARTICLE II - Address: The mailing address and street a						
<u> Princip</u>	al Office Address:		Mailing Address:			
12720 McGregor Bl Ft. Myers, FL 33919			11th St, 2nd Floor a, FL 33602			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration address of the registere C.T. Corporation Systems	n Registered Agent. Ye on.) d agent are: stem Name	's Signature: ou must designate an individ	unlor ALLIANT SEE	18 OCT 6 AM	77
	1200 South Pine Isl Florida street addres	and Road is (P.O. Box <u>NOT</u> acc	eptable)	₹	(20	Ċ
	Plantation,	Florida	33324	经	*	*
	City	State	Zip	1	_	
Having been named as registered on lace designated in this certificate, further agree to comply with the property with the property of the obase of the configuration of the conf	I hereby accept the app ovisions of all statutes r ligations of my position C T Corpo	ointment as registered elating to the proper at as registered agent as ration System	agent and agree to act in this nd complete performance of r	capacity, I ny duties, and I F.S.	Tetary	,

Title:		Name and Address:
'AMBR" = Auth	orized Member	
"MGR" = Manag		
MGR		Surterra Florida, LLC
		110 N 11th St, 2nd Floor
		Tampa, FL 33602
•		
		
		
EV: Effective da ctive date is liste f filing.)	ete, if other than the date of id, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
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