## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (350)617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Fhone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: ezerbbA

## FLORIDA LIMITED LIABILITY CO.

SWC West Palm Beach Botanicals LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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OCT 1 5 2018

## PLEASE KEEP ORIGINAL FILE DATE

10.15.2018

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ARTICLES O	FORGANIZATION FOR FLOI	RIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
SWC West Palm Be				
(Must con	tain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal office	of the Limited Liability Company is:		
<u>Princi</u>	pal Office Address:	Mailing Address:		
2500 S Dixie Highw	ay	110 N 11th St, 2nd Floor		
West Palm Beach, F	L 33401	Tampa, FL 33602		
ARTICLE III - Registered Ag (The Limited Liability Compan) another business entity with an	y cannot serve as its own Regi	egistered Agent's Signature: stered Agent. You must designate an individual or	<u>ာ</u> အ	i. distort
The name and the Florida street	address of the registered agen	nt are;	জ ভ	(T)
	C T Corporation System		5	
	Nar	ne .	TH.	
	1200 South Pinc Island R	oad	52K	(1) (1) (8)
	Florida street address (P.C	). Box NOT acceptable)	741	-

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 abligations of my position as registered agent as provided for in Chapter 695, F.S.

Florida

State

Plantation,

City

Ternell Kearney Asst. Secretary Registered Agent's Signature (REQUIRED) (CONTINUED)

33324

Zip

Title:	Name and Address:
"AMBR" = Authorized Member	
".MGR" = Manager MGR	Surterra Florida, LLC
7733	110 N 11th St, 2nd Floor
	Tampa, FL 33602
E V: Effective date, if other than the cective date is listed, the date must be	late of filing:
fective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not
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