

10/22/2018

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LAZARUS CORPORATE

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# L1800246270

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I28000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PUREWAYCANNA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

10/22/18

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## 2ND REQUEST

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Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Purewaycanna CO of Doc #  
P18000075620 are the same owners of the attached articles of  
incorporation. Thank  
you for your help in this matter.

Very Sincerely,

Jorge Davila

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PureWayCanna LLC

**ARTICLE II - Address:**

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

1601 SW 83<sup>rd</sup> Avenue  
Miami FL 33155

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

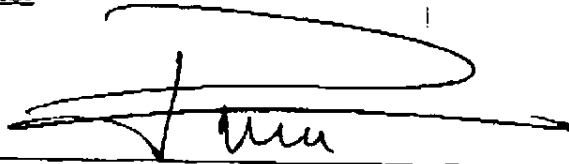
1601 SW 83<sup>rd</sup> Avenue  
Miami FL 33155  
Jorge A DAVILA

**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Jorge A. DAVILA AMBR  
DAMIAN V DAVILA AMBR

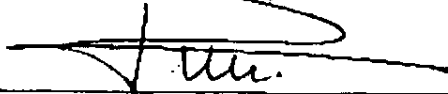
18 OCT 15 PM 12:37

**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

**JORGE A. DAVILA (AMBR)**  
Typed or printed name of signee

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 as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**

**EFFECTIVE DATE : OCT. 8 2018**

18 OCT 15 PM 12:31  
CALL 2018