

L18000279443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

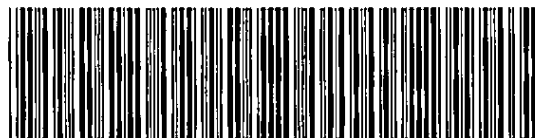
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
DEC 06 2018



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11/27/18--01002--027 ♦♦160.00

18 DEC -3 PM 2:03

Velma S. Guidry

478 East Altamonte Drive, Suite 108 #315

Altamonte Springs, FL 32701

November 30, 2018

Stanton H. Roberts

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

RE: Dissolved Entity Name, Florida Cannabinoid Care, LLC

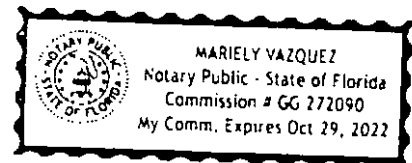
Document number: L18000236254

Dear Mr. Roberts,

I, Velma S Guidry, have no intention of reinstating the entity, Florida Cannabinoid Care, and am therefore releasing that name for public use to another entity.

Subj. Seminole
The foregoing instrument is
Acknowledged before me
Day of December 1, 2018
By Velma S Guidry
Who is personally known to me or
Who has produced Valid DL

(Type of Identification)
As Identification and who (did)
(did not) take an oath.
(Signature of Notary Official)
Mariely Vazquez
Typed, Printed, or Stamped Name
of Notary Official



Velma S. Guidry

Signature

12-1-18

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2018

ARTHUR MCMICHAEL
478 E ALTAMONTE DR. SUITE 108 #315
ALTAMONTE SPRINGS, FL 32701 US

SUBJECT: FLORIDA CANNABINOID CARE
Ref. Number: W18000103741

18 DEC -3 PM 2:03

We have received your document for FLORIDA CANNABINOID CARE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

L18000236254

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 818A00024446

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Florida Cannabinoid Care

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur McMichael

Name of Person

Florida Cannabinoid Care

Firm/Company

478 E Altamonte Dr. Suite 108 #315

Address

Altamonte Springs FL 32701

City/State and Zip Code

floridacannabinoidcare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur McMichael

407

906-5500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Cannabinoid Care LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

478 E Altamonte Dr Suite 108 #315
Altamonte Springs FL 32701

478 E Altamonte Dr Suite 108 #315
Altamonte Springs FL 32701

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:


United States Corporation Agents, Inc
Name

13302 Winding Oak Court, Suite A

Florida street address (P.O. Box NOT acceptable)

Lampa Florida 33612
City State Zip

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.

 Cheyenne Moseley, Asst. Secretary on behalf
of United States Corporation Agents, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Arthur McMichael

1150 Roundtable Dr.

Casselberry Florida 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or 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.

Arthur McMichael

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)