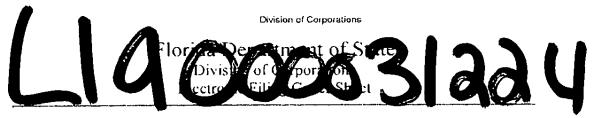
2/6/2019



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)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (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.\*\*

Email	Address:					

## FLORIDA LIMITED LIABILITY CO.

# SDC Tampa Botanicals LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FEB 0 7 2019

C Kinsey

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1- Name:

The name of the Limited Liability Company is:

SDC Tampa Betanicals ELC

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

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
110 N 11th St. 2nd Floor	110 N 11th St, 2nd Floor
Tampa, FL 33602	Tampa, FL 33602

# 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:

C T Corporation Sys	tem	
	Name	
1200 South Pine Isl	and Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
Plantation,	Florida	33324
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. Thereby 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..

Bree Zahner, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Surterra Florida LLC 110 N 11th St, 2nd Floor
	Tampa, FL 33602
<del></del>	<del></del>
(Use attachment if necessary)	
ARTICLEV: Effective date, if other than the date in effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department.	nte of filing:
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ARTICLEV: Effective date, if other than the date if an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 9 of timest the applicable statutory filing requirements, this date will not State's records
ARTICLEV: Effective date, if other than the date an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not he document's effective date on the Departmental ARTICLEVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9 of timest the applicable statutory filing requirements, this date will not State's records

<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

