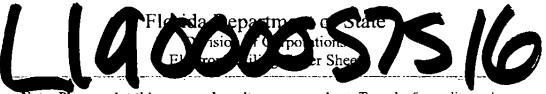
3/7/2019

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:			AR A
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	Fax Number 1	: (850)617-6381	F. C.
From:			3 5 65 65 65 65 65 65 65 65 65 65 65 65 6
	Account Name	: C T CORPORATION SYSTEM	
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	Phone	: (514)280-3338	1,40
		: (954)208-0845	

# FLORIDA LIMITED LIABILITY CO.

## SWC Palm Coast Botanicals LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

C Kinsey

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name: The name of the Limited Liability Company is: SWC Palm Coast Botanicals LLC (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: 100 Flagler Plaza Drive 2203 N Lois Ave Suite 501 Palm Coast, FL 32137 Tampa, FL 33607 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 System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation.Florida33324CityStateZip

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.

C T Corporation System

By: Kimberly Laughrey, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Surterra Florida, LLC
MGR	2203 N Lois Aye. Suite 501
	Tampa, FL 33607
	<del> </del>
Use attachment if necessary)	
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