

L140000175195

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000216057 3)))



H190002160573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

****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.
FLORIDA MARIJUANA CLINIC, L.L.C.**

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

19 JUL 17 PM 2:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C RICO
JUN 17 2019

2019 JUL 17 PM 2:20

Electronic Filing Menu

Corporate Filing Menu

Help

Audit Fax No: H19000216057.3**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA MARIJUANA CLINIC, L.L.C.**ARTICLE II - Address:**

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

**1245 COURT STREET
CLEARWATER, FL 33756****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Alan S. Gassman
1245 Court Street
Clearwater, FL 33756**

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

ARTICLES OF ORGANIZATION OF FLORIDA MARIJUANA CLINIC, L.L.C.**PAGE 1**

Alan S. Gassman, Esquire
1245 Court Street
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #: H19000216057.3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
19 JUL 17 PM 2:53

Audit Fax No: H19000216057.3**ARTICLE IV - Members and Managers:**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ZAHRA H. KENT
1245 COURT STREET
CLEARWATER, FL 33756

FILED
CLERK OF COURT
DIVISION OF DOCUMENTS
19 JUL 17 PM 2:53

ARTICLE V - Effective Date:

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 (5) business days prior to or ninety (90) days after the date of filing.)

ARTICLE VI - Other provisions, if any.**Written Operating Agreement**

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

Audit Fax No: H19000216057.3

REQUIRED SIGNATURE:

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.)



ALAN S. GASSMAN, Authorized Representative

J:\RAW\FLORIDA MARIJUANA CLINIC, L.L.C. (FL)\Articles of Organization.1b.wpd
:*chg 07/05/19

ARTICLES OF ORGANIZATION OF FLORIDA MARIJUANA CLINIC, L.L.C.

PAGE 3

Alan S. Gassman, Esquire

1245 Court Street

Clearwater, FL 33756

(727) 442-1200

Florida Bar #: 371750

Audit Fax #: H19000216057.3