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	(Requestor's Name)
	(Address)
((Address)
•	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
:	(Business Entity Name)
 -	(Document Number)
,	Socument Numbery
Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:

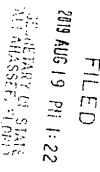
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Verdecann L	L
Name of Limited	I Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	
· Wasien Thomas	
· Wesley Thomas	lame of Person
3705 Bentley d	rive
•	
Tallahassee, Fl City/ To emay 882 ya E-mail address: (to be used for	32303
Tromay 882 ya	State and Zip Code 60 - Com
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	II:
Westey Thomas at (85) Name of Person Area	0 ,273 -2621
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 & \$160.00 Filing Fee, Certified Copy additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address New Filing Section
New Filing Section Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Verdecann	LLC	 _	

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

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	<u>Ma</u>	iling Address:
3705 Bentley drive	l(J7
Tallahasser, El 32303	11	

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:

Wesley -	Thomas	
	Name	
3705 Bei	Hier do	ive
Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
Tallahas	see fl	32303
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

119 AUG 19 PM 1:22

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR& MGR	Wesley Thomas
	Janassee 17 32303
AMBR+M6P	George Henry III
17: 112/2-3-11-15	4229 Gearbart Rd
	Tailahossee, F1 32303
	
(Use attachment if necessary)	
LEV. Effective date, if other than the date	of filing:
ffective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 90 day
e of filing.) If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be I
ument's effective date on the Department	of State's records.
LE VI: Other provisions, if any,	
A	

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.

Thomas
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

WILVELDER OF STATE