

L190000305977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

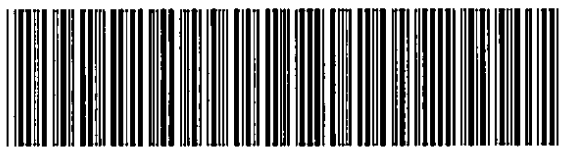
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TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 113266 4311639

AUTHORIZATION

COST LIMIT : \$155.00

ORDER DATE : December 23, 2019

ORDER TIME : 9:19 AM

ORDER NO. : 113266-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: TRULIEVE VENTURES LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.62980

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
TRULIEVE VENTURES LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Trulieve Ventures LLC**

ARTICLE II: - Address

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

**3494 Martin Hurst Road
Tallahassee, Florida 32312**

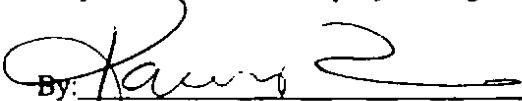
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

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.

Corporation Service Company, as Registered Agent

By: 
Name: Kodesha Roberson
Title: Asst. Vice President

ARTICLE IV: - Management

The name and address of the initial manager is authorized to manage and control the limited liability company is as follows:

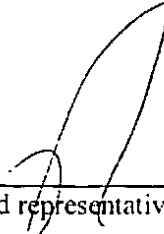
<u>Title:</u>	<u>Name and Address:</u>
MGR	Kim Rivers 3494 Martin Hurst Road Tallahassee, FL 32312

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SECRETARY OF STATE
TALLAHASSEE, FL

MGR

Eric Powers
3494 Martin Hurst Road
Tallahassee, FL 32312

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on
December 17, 2019.



Eric Powers, 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 Section 817.155, Florida Statutes.)

Eric Powers

Typed or printed name of signee

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