

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000058560
FILED 8:00 AM
February 21, 2020
Sec. Of State
btmitchell

Article I

The name of the Limited Liability Company is:
HEMPICITY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3104 NORTH ARMENIA AVE SUITE 2
TAMPA, FL. 33607

The mailing address of the Limited Liability Company is:
3104 NORTH ARMENIA AVE SUITE 2
TAMPA, FL. 33607

Article III

The name and Florida street address of the registered agent is:
STEVEN J TODD
3104 NORTH ARMENIA AVE SUITE 2
TAMPA, FL. 33607

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.

Registered Agent Signature: STEVEN TODD

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
STEVEN J TODD
3104 NORTH ARMENIA AVE SUITE 2
TAMPA, FL. 33607 US

Title: MNG
CHARLIE WANG
10661 BUSINESS DRIVE
FONTANA, CA. 92337 US

Title: MNG
SHEPPARD BRUCE
82613 INDIO BLVD
INDIO, CA. 92201 US

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Article V

The effective date for this Limited Liability Company shall be:

02/20/2020

Signature of member or an authorized representative

Electronic Signature: STEVEN TODD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.