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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MJSHENKER@SZM-CPA.COM

**FLORIDA LIMITED LIABILITY CO.
CBDDOCTOR LLC**

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Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CBDDOCTOR LLC

(Must end with 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:**2729 STATE ROAD 580
CLEARWATER, FL 337612729 STATE ROAD 580
CLEARWATER, FL 33761**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:

ILANA MAZE

Name

2729 STATE ROAD 580Florida street address (P.O. Box **NOT** acceptable)CLEARWATER FL 33761

City

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)

ILANA MAZE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

Name and Address:

IVAN FIELD (SINGLE MEMBER OF FIELD MEDICAL LLC)

7 EMILY COURT

DEMAREST, NJ 07627

ILANA MAZE

2729 STATE ROAD 580

CLEARWATER, FL 33761

PHYTO PARTNERS I LP

2080 NW BOCA RATON BLVD, STE 2

BOCA RATON, FL 33431

PHYTO II LP

2080 NW BOCA RATON BLVD, STE 2

BOCA RATON, FL 33431

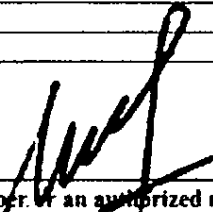
(Use attachment if necessary) (SEE ATTACHED FOR ADDITIONAL MEMBERS)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.
 (In accordance with section 607.0203 (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.)

ILANA MAZE

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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ATTACHMENT PAGE FOR CBDDOCTOR LLC

ARTICLE IV-
ADDITIONAL MEMBERS:

AMBR - ALPINE BEACH LLC
2000 SOUTH OCEAN BLVD- APT 1075
PALM BEACH, FL 33480