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PICK-UP WAIT MAIL
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08/02/26 - 61606 - 016 - 4/2/5, 66

2020 SEP -2 PH 2: 36

COVER LETTER

	New Filing Section Division of Corpora	tions					
SUBJEC	Clean Leaf CBD	LLC					
		Name of Lim	ited Liabili	y Company			
The enclo	osed Articles of Organ	nization and fee(s) are	submitted	for filing.			
Please re	urn all corresponden	ce concerning this mat	tter to the fo	ollowing:			
	Jolly P. Mathew						
			Name of	Person			-
	LegalForce RAPC	Worldwide				MALL	2020 SEP
	_		Firm/Cor	npany		<u> </u>	Ÿ
	1580 W. El Camir	no Real, Suite 10				ASSEE	-2
			Addre	ss			- PR
	Mountain View, C	California, 94040, US				912 1911	2: 36
		Ci	ty/State and	l Zip Code			_
	jcouncil427@gmai	l.com					_
	E-mai	address: (to be used t	for future a	mual report notificati	ion)		
For further	information concern	ing this matter, please	call:				
		at ()			
	Name of I	erson Ar	ea Code	Daytime Telephon	e Number		
Enclosed	is a check for the fol	lowing amount:					
□\$125.0		1130.00 Filing Fee & rtificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 l Certificate of Certified Co (additional co	of Status & opy	&
	Mailing Ad			Street Address			
	New Filing S Division of	Section Corporations		New Filing Section D The Centre of Tallah			
	P.O. Box 63			2415 N. Monroe Stre			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Clean Leaf CBD LLC	
(Must conatin the words "Limited Liabi	lity 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
	and the second of the second o
Principal Office Address:	Mailing Address:
	Mailing Address:
Principal Office Address:	

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

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. The 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)

ARTICLE IV-

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

"AMBR" Jaime Council 134 NW 44th Terrace. Deerfield Beach, FI, 33442, USA "AMBR" Tyler Council 134 NW 44th Terrace. Deerfield Beach, FI, 33442 "AMBR" Matthew Sabarillo 10645 La Placida Dr., Coral Springs, FI, 33065 "AMBR" Shane Pettas 1600 SE Colony Way. Jupiter, FL 33478 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is exacuted in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that Day-False information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, E.S. Jaime Council	"AMBR" Jaime Council 134 NW 44th Terrace. Decrifeld Beach, FL 33442, USA "AMBR" Tyler Council 134 NW 44th Terrace. Decrifeld Beach, FL 33442 "AMBR" Matthew Sabarillo 10645 La Placida Dr. Coral Springs, FL 33065 "AMBR" Share Pettis 1600 SE Colony Way. Jupiter, FL 33478 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (Use attachment if necessary) ithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED SIGNATURE: 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. Jaine Council Typed or printed mane of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certified Copy (Optional)	"AMBR" = Authorized Member	Name and Address:	
"AMBR" Jaime Council 134 NW 44th Terrace. Deerfield Beach, F1, 33442, USA "AMBR" Tyler Council 134 NW 44th Terrace. Deerfield Beach, F1, 33442 "AMBR" Matthew Sabarillo 10645 La Placida Dr.	"AMBR" Jaime Council J34 NW 44th Terrace. Decrifeld Beach, F1, 33442, USA TAMBR" Tyler Council J34 NW 44th Terrace. Decrifeld Beach, F1, 33442 TAMBR" Matthew Sabarillo Decrifeld Beach, F1, 33442 "AMBR" Matthew Sabarillo 10645 La Placida Dr. Coral Springs, F1, 33065 "AMBR" Shane Pettas 1600 SE Colony Way, Jupiter, F1, 33478 (Use attachment if necessary) EV: Effective date, if other than the date of filing:	"MGR" = Manager		
"AMBR" Tyler Council 134 NW 44th Terrace. Decrfield Beach, FL 33442, USA "AMBR" Matthew Sabarillo 10645 La Placida Dr., Coral Springs, FL 33065 "AMBR" Shane Penus 1600 SE Colony Way, Juniter, FL 33478 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED SIGNATURE: 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 hay 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. Jaime Council Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	"AMBR" Tyler Council 134 NW 44th Terrace. Deerfield Beach, FL 33442, USA "AMBR" Matthew Sabarillo 10645 La Placida Dr., Coral Springs, FL 33065 "AMBR" Shane Petus 1600 SE Colony Way, Jupiter, FL 33478 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) etitle date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED SIGNATURE: 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 lelony us provided for in s.817.155. F.S. Jaime Council Typed or printed name of signee Elling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certified Copy (Optional)			
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	P. A. A. A. C. D. L. H.		
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(Use attachment if necessary) JEV: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Jupiter, FL 33478	
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