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CT CORP

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		Acc#I20160000072	
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Document #:			
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Thank you!

COVER LETTER

Division of Co	provations			
Chronic L	LC			
	Name of Lim	lited Liability Company		
he enclosed Articles o	f Organization and fec(s) are	submitted for filing.		
lease return all corresp	ondence concerning this ma	tter to the following:		
Hans Lorei				
		Name of Person		
		Firm/Company		
1206 Fathe	rland Street			
	<u>-</u>	Address		
Nashville, 7	IN 37206			7\$7
hanslorei@g		ity/State and Zip Code	7	JUM
		for future annual report notificati	on)	7
r further information c	oncerning this matter, please	cali;		1821 JUN 24 - KITTL O
<u></u>	at ()		
Nei	me of Person Ar	rea Code Daytime Telephon	e Number .	-
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	⊠\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)
	ng Address.	Street Address	istan	
	Filing Section ion of Corporations	New Filing Section D The Centre of Tailaha	ISSCC	
	Box 6327 hassee, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230	•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Chronic LLC			
(Must co	ontain the words "Limited Lial	oility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	t address of the principal offic	e of the Limited	Liability Company is:
Princ	ipal Office Address:		Malling Address:
1206 Fatherland St	treet	. 1206	Fatherland Street
The Limited Liability Compa	gent, Registered Office, & I	Registered Ages	nville, TN 37206 nt's Signature: You must designate an individual
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	igent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.)	Registered Ager gistered Agent.	it's Signature:
ARTICLE III - Registered A	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	Registered Ager gistered Agent.	it's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag CT Corporation System	Registered Ager gistered Agent.	it's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag CT Corporation System	Registered Ages gistered Agent. cnt are:	it's Signature:
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ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag CT Corporation System N 1200 South Pine Island	Registered Agest sistered Agent. Sent are:	it's Signature: You must designate an individual

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.

(CONTINUED)

Kathy A Willow Brot Scorting
Registered Agent's Signature (REQUIRED)

2121 JUN 24 AH 11:51

"AMBR" = Authorized Member "MGR" = Manager AMBR Hans Lore 1206 Father and Street Nashville. TN 37206	Title:	Name and Address:		
AMBR Hans Lore 1206 Fatherland Street 1206 Fatherland Street 1206 Fatherland Street 1205 Fatherland Street		τ		
1206 Fatherland Street Nashyille, TN 37206	"MGR" = Manager			
AMBR Andrew Lorei 1605: Kirby-Avenue Chattanooga: TN 37404 AMBR Paul M. Lorei 1429 Snosh'Hill Road Erie. PA 16509 EV: Effective date, if other than the date of filing: (OPTIONAL) Everive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an autiliocized 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 filing as provided for in s.817.155, F.S. Hans Lorei Typed or printed name of signee Filing-Feesi:	AMBR	Hans Lorei	 _	
AMBR Andrew Lorei J695: Kirby Ayenna Chattanogoa: TN 37404 AMBR Paul M. Lorei J429 South Hill Road Ene. PA 16509 E. V. Effective date, if other than the date of filing: (OPTIONAL) active date is listed, the date must be specific and cannot be more than five business days prior to ar 90 days of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an autito tized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fast information submitted in a document to the Department of State constitutes a third degree folony as provided for in s.817.155, F.S. Hans Lorei Typed or printed name of signee Filing Fees:		Nashville TN 37206		
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