

# L 21000402152

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

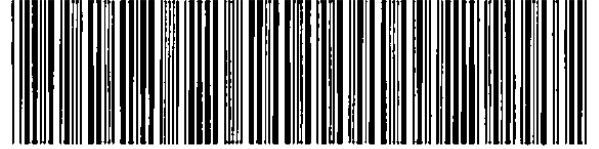
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900373069269

2021 SEP 10 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

09/10/21 10:11:50

2021 SEP 10 PM 1:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

3510 Ocala, LLC

FOR OFFICE USE ONLY

## PICK ONE:

CERTIFIED COPY  PHOTOCOPY  C.U.S.

## FILING:

CORPORATION  LLC  LIMITED PARTNERSHIP  GENERAL PARTNERSHIP

FICTITIOUS NAME  SERVICEMARK/TRADEMARK  AMENDMENT

FOREIGN QUALIFICATION  JUDGMENT LIEN

OTHER \_\_\_\_\_

## RETRIEVAL:

GOOD STANDING CERT/C.U.S.  CERTIFIED COPY  PHOTOCOPY

Of \_\_\_\_\_

## APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 9/10/21 TIME \_\_\_\_\_

Notes: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3510 OCALA, LLC

(Must contain 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:

415 N. DEARBORN ST., 4TH FLOOR  
CHICAGO, IL 60654

415 N. DEARBORN ST., 4TH FLOOR  
CHICAGO IL 60654

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:

Universal Registered Agents, Inc.

Name

1317 California Street

Florida street address (P.O. Box **NOT** acceptable)

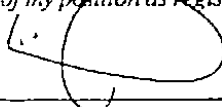
Tallahassee                      FL                      32304

City

State

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)

(CONTINUED)

2021 SEP 10 11:10 AM  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

<u>AMBR</u>	<u>Verano Holdings, LLC</u>
_____	<u>415 N. Dearborn St., 4th Floor</u>
_____	<u>Chicago, IL 60654</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.

Chris L. Fotopoulos, Authorized Agent of Verano Holdings, LLC  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)