

L22 000 245340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

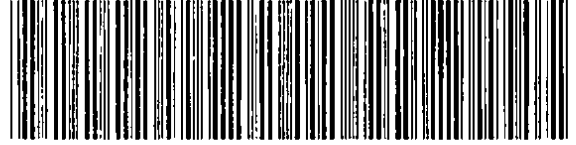
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MEDICAL EDIBLES LLC

Signature _____

Requested by: SETH

06/29

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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ARTICLES OF ORGANIZATION FOR MEDICAL EDIBLES LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **MEDICAL EDIBLES LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **1930 Tyler St., Hollywood, FL 33020**

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STATE OF FLORIDA
MEDICAL EDIBLES LLC

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Benjamin Schiff, 1930 Tyler St.,
Hollywood, FL 33020**

ARTICLE IV: AUTHORIZED MEMBERS

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

Reed Wallace, Authorized Member, 1930 Tyler St., Hollywood, FL 33020 33321

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JUL 11 2022

The undersigned has executed these Articles of Organization for filing purposes this 1st
day of July 2022.

/S/ Benjamin Schiff

Authorized Representative

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **MEDICAL EDIBLES LLC**
2. The name and street address of the registered agent and office is:

Benjamin Schiff
1930 Tyler St., Hollywood, FL 33020 33321

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Benjamin Schiff

Benjamin Schiff

OFFICE OF STATE
CLERK OF FLORIDA

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