

L23 000 334 953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

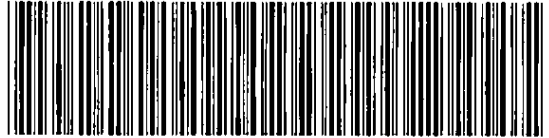
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CANNASHOP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle K. Suarez, Esq.

Name of Person

Florida Entrepreneur Law, P.A.

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

MSuarez@FloridaEntrepreneurLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle K. Suarez, Esq.

954

882-4119

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: CANNASHOP, LLC

SECOND: The Florida Document Number of the limited liability company is: L23000334953

THIRD: The street address of the limited liability company's principal office is:  
8330 SW 12TH STREET PEMBROKE PINES, FL 33015

The mailing address of the limited liability company's principal office is:  
8330 SW 12TH STREET PEMBROKE PINES, FL 33015

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise on a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:
  - a. Granted to: Lorena Corbani
  - b. No authority granted to: \_\_\_\_\_
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: Lorena Corbani
  - b. No authority granted to: \_\_\_\_\_

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TALLAHASSEE, FL

Signature of authorized representative

Nicanor Ezequiel Del Sueldo

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)