

L24000198164

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
PREMIUM LEAF USA, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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May 2, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: PREMIUM LEAF USA, LLC
REF: W24000068362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the Registered Agents name how it appears on DOS records. Missing the (.) in PA

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H24000159523
Letter Number: 124A00009545

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREMIUM LEAF USA, 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:23701 SW 132ND AVENUE23655 SW 114TH CTSTE #43HOMESTEAD, FL 33032PRINCETON, FL 33032

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:

CABANAS & ASSOCIATES, P.A.

Name

8350 NW 52ND TERRACE - STE #208Florida street address (P.O. Box **NOT** acceptable)DORALFL33166

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

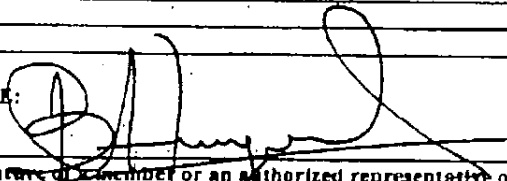
"MGR" = Manager

Name and Address:AMBRBUENA VIDA INT. HOLDINGS LLC
30 N GOULD ST. - STE N
SHERIDAN, WY 82801AMBRCHULA HOLDINGS LLC
30 N GOULD ST. - STE N
SHERIDAN, WY 82801AMBRDIEGO HOLDINGS LLC
30 N GOULD ST. - STE N
SHERIDAN, WY 82801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.N/A**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.HUGO E. BELTRAN

Typed or printed name of signee