

To:

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24-Nov-22 4:49 C

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From: Jessica Medina

# L24000492733

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : I20190000128  
Phone : (850)769-3434  
Fax Number : (251)544-1643

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dmoniz@handfirm.com

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TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
THE CANOPY COLLECTIVE GROUP, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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## COVER LETTER

**TO: New Filing Section**  
**Division of Corporations**

**SUBJECT: THE CANOPY COLLECTIVE GROUP, LLC**  
 \_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DION J. MONIZ, ESQ.

\_\_\_\_\_  
 Name of Person

HAND ARENDALL HARRISON SALE

\_\_\_\_\_  
 Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

\_\_\_\_\_  
 Address

DESTIN, FLORIDA 32578

\_\_\_\_\_  
 City/State and Zip Code

dmoniz@handfirm.com

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

For further information concerning this matter, please call:

Jessica Medina                      850                      650-0010  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Person                      Area Code                      Daytime Telephone 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 enclosed)

**Mailing Address**

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

**Street Address**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE CANOPY COLLECTIVE GROUP, 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:**70 RIVER RISE WAY  
INLET BEACH, FLORIDA 32461**Mailing Address:**70 RIVER RISE WAY  
INLET BEACH, FLORIDA 32461**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:

ROBERT KNIGHT

Name

70 RIVER RISE WAYFlorida street address (P.O. Box **NOT** acceptable)

<u>INLET BEACH</u>	<u>FLORIDA</u>	<u>32461</u>
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..*

Robert knight

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

ROBERT KNIGHT  
70 RIVER RISE WAY  
INLET BEACH, FLORIDA 32461

MGR

JEREMY DURGAN  
36153 KYLE PLACE  
WINDSOR, COLORADO 80550

MGR

ARTHUR MILLER  
990 ROYAL OAK ROAD NW  
SUPPLY, NORTH CAROLINA 28462

MGR

MICHAEL WEBSTER  
1950 PLEASANT FAR ROAD SE  
BOLIVIA, NORTH CAROLINA 28422

(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:**

Robert Knight

11/22/2024

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.

ROBERT KNIGHT

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)

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