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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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TALLAHASSEE, FLORIDA

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1. NOS 304



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 19, 2005

ELEEN SUE CANNON 2951 BRAVURA LAKE DRIVE SARASOTA, FL 34240

SUBJECT: CANN1, LLC Ref. Number: W05000002932

We have received your document for CANN1, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain the usual business addresses of its managing members or managers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 005A00003567

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora					
CHDIECT.	CANN1, LLC				
SUBJECT:	(Name of Limited Li	ability Company)			
Florida," Certificate of Exi- liability company to transaction		d to register the above refe			ı
Please return all correspond	dence concerning this matter to	o the following:			
	Eleen Sue Cannon				
	(Name of I	Person)			
	CANN1, LLC	<u> </u>			
	(Firm/Con	opany)			
	2951 Bravura Lake Driv	<i>r</i> e			
(Address)			ZE ESE	20	
				COR!	<u>5</u>
Sarasota, FL 34240			TA.		
(City/State and Zip Code)		RY (SEE	2		
For further information concerning this matter, please call:		OF STAT	JAN 21 AM 11:51		
Eleen Sue Canno	n at (941 \ 377-3515		DA	56
(Nan		Area Code & Daytime Tele	phone Number)		
STREET ADDRESS Registration Section		MAILING ADDRESS: Registration Section	:		
Division of Corporations Division of Corporations					
	409 E. Gaines Street P.O. Box 6327				
Tallahassee, Florida	Tallahassee, Florida 32399 Tallahassee, Florida 32314				
Enclosed is a check for the	following amount:				
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & ☐ \$1 Certificate of Status	55.00 Filing Fee & \$\square\$ \$160. Certified Copy	00 Filing Fee, Certi of Status & Cert		y

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CANN1, LLC		-	
		n Limited Liabil	ty Company)	. 41
	INDIANA	2		
1	iction under the law of which foreign limite	d liability 3. —	(FEI number, if applicable)	
	ny is organized)			
	5-29-03	5	perpetual	
	(Date of Organization)		PERPETUCE! Duration: Year limited liability company will c	ease to
		•	xist or "perpetual")	
	N/A	,		· ·
	(Date first transacted but (See sections 608,501 & 6	siness in Florida,	if prior to registration.)	
	·		Personal manney)	
	Elcen Sue Cannor) 		
	2951 Bravura Lake Drive, Saraso			Z Z
		et Address of Pr	ncinal Office)	
	(Sac			AR.
If lim	nited liability company is a manager-	managed com	pany, check here	SA
			·	3E
The n	name and usual business addresses o	f the managing	members or managers are as follows:	OF S
	Eleph	Sue 1	(na) don	10 1.ST
	<u> </u>	13rAV	LRA LAKE DZ	ž o
			A 1	
	SAR_	450+A	F1 34240	
			d, duly authenticated by the official having custo	
			tacceptable. If the certificate is in a foreign langu	iage, a
Slaron	of the certificate under oath of the translator n	nust de subminieu		
Natu	are of business or purposes to be con	ducted or pro:	noted in Florida: Real Estate	
	FF			
				·
	di 1			
	Talie	er Dere	ar v-c	
			red representative of a member.	•
	an affirmation under the pena	ia.40a(3), i'.a., the lities of perfury tha	execution of this document constitutes the facts stated herein are true.)	
			(HANNOTE)	
		or printed nam		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:		
CANN1, LLC		
The name and the Florida street address of the registered agent and office are:		
Eleen Sue Cannon		
(Name)		
2951 Bravura Lake Drive		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	` _	•
Sarasota FL 34240 City/State/Zip City/State/Zip	2005 JAN 21	
gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes \equiv_{\square}	PM . 55	TT C
Colean Aut Canner (Signature)		

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

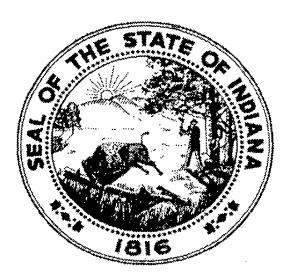
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CANN 1, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 29, 2003, and was in existence or authorized to transact business in the State of Indiana on December 28, 2004.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Thirtieth Day of December, 2004.

TODD ROKITA, Secretary of State