

ARTICLES OF ORGANIZATION

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

(1) The name of the Limited Liability Company is: The Founders CBD, LLC

(2) The purpose for which the Limited Liability Company is filed is as follows:  
To provide sales of nutritional suppliments.

(3) The address of the Limited Liability Company in Maryland is 3022 Taylor Avenue, Baltimore, MD 21234

(4) The resident agent of the Limited Liability Company in Maryland is Lauren Nawrocki

whose address is 826 Salvatore Road, Baltimore, MD 21220

(5) [Signature]  
[Signature]

(6) [Signature]  
Signature of Resident Agent

Signature(s) of Authorized Person(s)

Filing party's return address:

(7) 3022 Taylor Avenue

Baltimore, MD 21234

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION



301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395

SDAT: Articles of Organization (LLC)

STATE OF MARYLAND  
I hereby certify that this is a true and complete copy of the  
page document on file in this office. DATED: 10/9/2019  
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION.  
BY: [Signature], Custodian  
This stamp replaces our previous certification system. Effective: 6/95

# CORPORATE CHARTER APPROVAL SHEET

**\*\* EXPEDITED SERVICE \*\***

**\*\* KEEP WITH DOCUMENT \*\***

DOCUMENT CODE 40 BUSINESS CODE 20

# \_\_\_\_\_

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging /Converting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surviving/Resulting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affix Barcode Label Here

Affix Text Label Here

New Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	<u>70</u>
Expedite Fee:	
Penalty:	
State Recordation Tax:	
State Transfer Tax:	
Certified Copies	
Copy Fee:	<u>22</u>
Certificates	
Certificate of Status Fee:	
Personal Property Filings:	
NP Fund:	
Other:	

TOTAL FEES: 192

- \_\_\_\_\_ Change of Name
- \_\_\_\_\_ Change of Principal Office
- \_\_\_\_\_ Change of Resident Agent
- \_\_\_\_\_ Change of Resident Agent Address
- \_\_\_\_\_ Resignation of Resident Agent
- \_\_\_\_\_ Designation of Resident Agent and Resident Agent's Address
- \_\_\_\_\_ Change of Business Code
- \_\_\_\_\_ Adoption of Assumed Name
- \_\_\_\_\_ Other Change(s)

Credit Card \_\_\_\_\_ Check  Cash \_\_\_\_\_

\_\_\_\_\_ Documents on \_\_\_\_\_ Checks

Approved By: 09

Keyed By: \_\_\_\_\_

COMMENT(S):

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail: Names and Address

~~X~~ Ryan Nawrocki  
828 Salvatore Road  
Balto., MD 21220

Stamp Work Order and Customer Number HERE