

FIS 000001327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

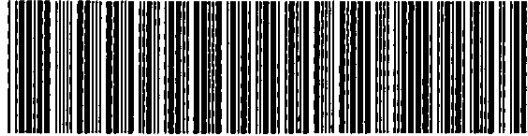
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAR 25 PM 3:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Medical Cannabis Trade Association of Florida, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Clifford A. Wolff, Esq.

Name of Person

The Wolff Law Firm

Firm/Company

PO Box 11421

Address

Fort Lauderdale, FL 33339

City/State and Zip Code

cwolff@wolfflawfirm.com

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

For further information concerning this matter, please call:

Clifford A. Wolff

Name of Person

at ( 954 ) 565-5040  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. **Medical Cannibas Trade Association of Florida, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **March 20, 2015**

(Date of Incorporation)

5.

**Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **March 24, 2015**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **PO Box 11421, Fort Lauderdale, Florida 33339**

(Principal office address)

**1401 East Broward Blvd., Suite 204, Fort Lauderdale, FL 33301**

(Current mailing address)

8. **All lawful business**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **Clifford A. Wolff, Esq.**

Office Address: **1401 East Broward Blvd, Suite 204**

**Fort Lauderdale**

(City)

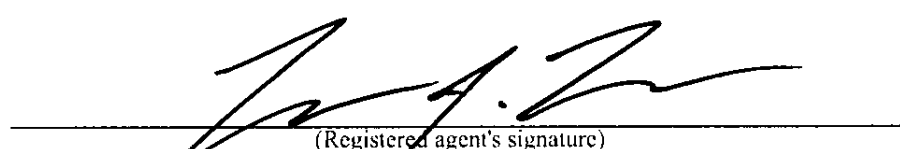
, Florida **33301**

(Zip Code)

FILED  
15 MAR 25 PM 3:01  
CLIFFORD A. WOLFF, ESQ.  
FORT LAUDERDALE, FLORIDA

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Robert J. Wolff

Address: PO Box 11421  
Fort Lauderdale, Florida 33339

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert J. Wolff

Address: PO Box 11421  
Fort Lauderdale, Florida 33339

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

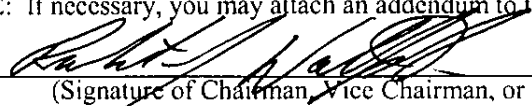
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Wolff, President  
(Typed or printed name and capacity of person signing application)

15 MAR 25 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MEDICAL CANNABIS TRADE ASSOCIATION OF FLORIDA", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MARCH, A.D. 2015, AT 4:24 O'CLOCK P.M.



5714326 8100

150389928

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2224480

DATE: 03-23-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:39 PM 03/20/2015  
FILED 04:24 PM 03/20/2015  
SRV 150389928 - 5714326 FILE

CERTIFICATE OF FORMATION  
OF  
LIMITED LIABILITY COMPANY

FIRST. The name of the limited liability company is MEDICAL CANNABIS TRADE ASSOCIATION OF FLORIDA.

SECOND. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808. The name of the registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of MEDICAL CANNABIS TRADE ASSOCIATION OF FLORIDA this 20th day of March, 2015.

/s/Clifford A. Wolff  
Clifford A. Wolff