

P 14000044320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

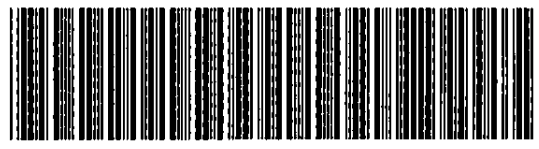
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/19/14--01014--008 **78.75

FILED
14 MAY 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/20/14

COVER LETTER

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

SUBJECT: Medical Marijuana Business Association of Florida, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jeffrey B. Sharkey
Name (Printed or typed)
106 E. College Avenue, Suite 640
Address
Tallahassee, FL 32301
City, State & Zip
850-224-1660
Daytime Telephone number
JEFFREYSHARK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 19 PM 1:28
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Medical Marijuana Business Association of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is _____
106 E. College Avenue, Suite 640
Tallahassee, FL 32301

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: provide business advice to companies engaged
in the business of providing medical marijuana services or products to the clients and service
providers in Florida

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jeffrey B. Sharkey</u>	Name and Title:	_____
Address	<u>3752 Cunard Drive</u> <u>Tallahassee, FL 32311</u>	Address:	_____ _____

Name and Title:	<u>Taylor Biehl</u>	Name and Title:	_____
Address	<u>106 E. College Avenue</u> <u>Suite 640</u> <u>Tallahassee, FL 32301</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

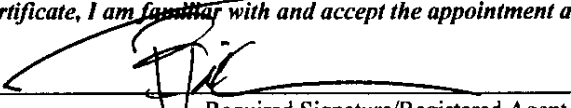
Name: Taylor Biehl
 Address: 106 E. College Avenue, Suite 640
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

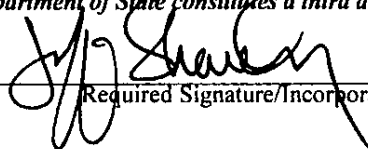
The **name and address** of the Incorporator is:

Name: Jeffrey B. Sharkey
 Address: 3752 Cunard Drive
Tallahassee, FL 32311

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 5/15/14
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 5/15/14
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA