

P/4000053834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

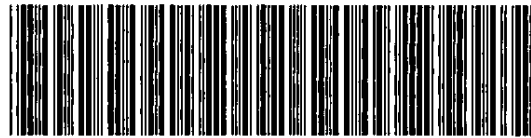
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 19 PM 2:12

APPROVED
AND
FILED

i/H

COVER LETTER

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

SUBJECT: Medical Marijuana Design Build, 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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

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

FROM: Shirley Faulkner
Name (Printed or typed)

26030 63rd Ave E
Address

Myakka City FL 34251
City, State & Zip

941-725-1564
Daytime Telephone number

shirleyf@mailmt.com
E-mail address: (to be used for future annual report notification)

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)

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Medical Marijuana Design Build, Inc.

14 JUN 19 PM 2: 12

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
26030 63rd Ave E
Myakka City FL 34251

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: construction of medical marijuana facilities

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley Faulkner, Pres/Treas. Name and Title: _____

Address 26030 63rd Ave E Address: _____

Myakka City FL 34251 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 14 JUN 19 PM 2:12
 Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Shirley Faulkner
 Address: 26030 63rd Ave E
Myakka City FL 34251

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shirley Faulkner
 Address: 26030 63rd Ave E
Myakka City FL 34251

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

Shirley Faulkner 6-16-14
 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.

Shirley Faulkner 6-16-14
 Required Signature/Incorporator Date