

2/9/22, 12:57 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)573-3996  
Fax Number : (954)208-0845

**FILED**  
**Feb 09, 2022 08:00 AM**  
**Secretary of State**

2022 FEB 09 11:06

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Flora Growth F&B Corp.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**T. SCOTT**  
**MAR 15 2022**

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Corporate Filing Menu

Help

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

ARTICLE I NAME
The name of the corporation shall be: Flora Growth F&B Corp.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 198 Davenport Road
Mailing address, if different is: Toronto, Ontario M5R 1J2, Canada

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act, provided that the corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares, \$0.001 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Merchan, President and Director
Address: 198 Davenport Road
Toronto, Ontario M5R 1J2, Canada
Name and Title: Matthew Cohen, Secretary/Treasurer
Address: and Director
198 Davenport Road
Toronto, Ontario M5R 1J2, Canada

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

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

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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: C T Corporation System  
 Address: 1200 South Pine Island Road Plantation.  
FL 33324

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rebecca DiStefano  
 Address: 401 E Las Olas Blvd. Ste 2000  
Fort Lauderdale, FL 33301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

C. T Corporation System  
 By: /s/ Kathryn A. Widdoes, Assistant Secretary 2/9/2022  
 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.*

/s/ Rebecca DiStefano 02/09/2022  
 Required Signature/Incorporator Date