



**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

\$78.75 Filing Fee & Certified Copy  
 \$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)

**NOTE:** Please provide the original and one copy of the articles.

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

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

FILED  
14 MAY 19 PM 1:28  
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

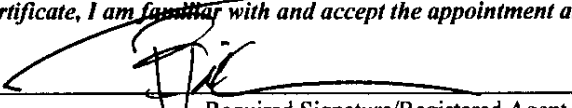
**ARTICLE VII INCORPORATOR**

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

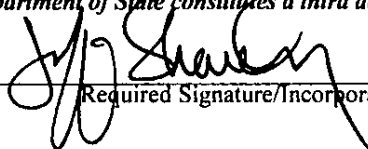
Name: Jeffrey B. Sharkey

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

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