# F2400004585

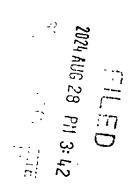
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special management to 1 ming officer.					
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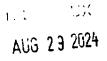




800433813448

07/30/24--01013--015 \*\*5...





### **COVER LETTER**

10:	O: Registration Section Division of Corporations						
CHDI	Green Thur	nb Initiative: a Nonprofit Corpo	ration				
SUDA	ECT.	Name of Corporation	n – must include suffix				
Dear S	Sir or Madam;						
Affair	s in Florida", "Cer	on by Foreign Not for Profit tificate of Existence", or "Ce need not for profit corporatio	rtificate of Status" and che	eck are submitted to			
Please	return all correspondent	ondence concerning this matt	er to the following:				
	Brian Mc	onahan					
		Name of	Person				
	Green Thumb Initiative						
		Firm/Co	mpany				
	1012 Main St						
				··			
	. Address						
	Canon City, CO, 81212						
		City/State an	d Zip Code				
	Brian.Mo	nahanGTI@gmail.com					
	E-m	ail address; (to be used for fu	ture annual report notifica	tion)			
For fu	rther information o	concerning this matter, please	· call:				
Brian Monahan			19 792-9431				
	Name o	f Person at (		ephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please		he following amount: to: FLORIDA DEPARTMEN  \$\Begin{align*} \Boxed{1}\\$ \$78.75 \text{ Filing Fee & Certificate of Status} \end{align*}	ET OF STATE □\$78.75 Filing Fee & Certified Copy	■\$87.50 Filing Fee. Certificate of Status & Certified Copy			



August 6, 2024

BRIAN MONAHAN 1012 MAIN ST COANON CITY, CO 81212

SUBJECT: GREEN THUMB INITIATIVE

Ref. Number: W24000110848

We have received your document for GREEN THUMB INITIATIVE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 824A00017374

AUG 28 2024

## 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:

mport in langua	Initiative: a Nonprofit Corporation		
n the name at p	ration: must include the word "INCORPORA" age as will clearly indicate that it is a corporati resent, "Company" or "Co," may not be used a	on instead of a natural nerson or normershi	in it not so contained
(If name unava	nilable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting b	usiness in Florida)
Colorado	-	\$ 83-2070372	
(State or com	ury under the law of which it is incorporated)	(FEI number, if applicable	e)
9/9/2024	:	<b>,</b>	
(L	Date of Incorporation)	(Date of duration, if other than	n perpetual)
Date first condi	ucted affairs in Florida if prior to registration. Sec	e sections 617,1301 & 617,1302, F.S. to dete	ermine penalty liability.
3807 SW 11th	Pl. Cape Coral, FL 33914 (Principal of)		
	(Principal of	lice street address)	<del></del>
<del>-</del>	(Carrent mailing	address, if different)	
	(	,	
21115 C	an Camalaga (Dura sala Bilandi Bilandi		?: <b>26</b>
Duensco/ex. A.	m Services (Prevention, Education, Early Inte- corporation authorized in home state or country	rvention, Treatment, & Recovery Support)	
urpose(s) or c	orporation authorized in nome state or country	to be carried out in the state of Florida)	<b>5</b> 7
dame and stre	<u>eet address</u> of Florida registered agent: (P.	O. Box NOT acceptable)	28
			· - 11
	Brian Monahan		
	Brian Monahan 3807 SW 11th Pl		ED PH 3:
	Brian Monahan 3807 SW 11th Pl Cape Coral (City)	Florida 33914	ED 9 PM 3: 42

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to  $\sin (6)$ 

A. DIRECTOR  □ Chairman  □ Vice Chairman  □ Director  □ President  □ Vice President  □ Secretary  □ CEO  ■ Other:	Name:	□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary ■ Other; CCO	Name: Evguenia Guentcheva  610 Autumn Crest Cir  Unit A,  Colorado Springs, CO 80919  □ Treasurer  □ Other:
□Chairman □Vice Chairman □Director □President	Nume:Address:	□Chairman □Vice Chairman □Director □President	Name:Address:
□Vice President		□Vice President	
☐ Secretary	☐ Freasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman □Vice Chairman	Name:	□Chairman	Name:Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□Secretary	☐Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	Notice: Use an attachment to report more than six (iduals may be added to the index when filing your F  Monahan (Signature of Chairman, Vice Chairman, or any officials)  (Typed or printed name and capacity of per-	Florida Department o	f State Annual Report form.

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

The Green Thumb Initiative

#### is a

#### Nonprofit Corporation

formed or registered on 09/09/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181714246.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/23/2024 that have been posted, and by documents delivered to this office electronically through 07/24/2024 @ 13:32:04.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/24/2024 @ 13:32:04 in accordance with applicable law. This certificate is assigned Confirmation Number 16236583



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/Certificate/searchCriteria.do entering the certificate confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click="Businesses, trademark, trade names" and select "Frequently Asked Questions."