

N14000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

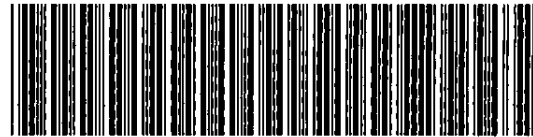
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB -5 PM 3:32
TALLAHASSEE, FLORIDA

W14-5024

2 02/07/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

HOLLEY MOSELEY
211 NORWICH DR.
GULF BREEZE, FL 32561

SUBJECT: CARING 4 FLORIDA
Ref. Number: W14000005024

We have received your document for CARING 4 FLORIDA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 714A00001702

COVER LETTER

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

SUBJECT: Caring 4 Florida

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Caring 4 Florida

Name (Printed or typed)

211 Norwich Dr

Address

Gulf Breeze, FL 32561

City, State & Zip

8502320004

Daytime Telephone number

caring4florida@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Caring 4 Florida, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
211 Norwich Dr

Gulf Breeze, FL 32561

Mailing address, if different is:
P.O. Box 154

Gulf Breeze, FL 32562

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide education and advocacy to Floridians on the use of non-euphoric Cannabinoid oil.

We will work to meet the legislation about the medical benefits of Cannabinoid oil and encourage members of the general public to contact legislation
and to promote change. No proceeds of the corporation will enrich any individual except that reasonable compensation may be paid in exchange for
services for the corporation. If the corporation is dissolved, any assets remaining will be distributed to another corporation that serves a similar purpose
and qualifies as a tax exempt, charitable organization under the provisions of 501(c)(3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method of election
of Directors will be stated in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peyton Moseley, Chief Executive Officer

Address: 211 Norwich Dr
Gulf Breeze, FL 32561

Name and Title: Holley Moseley, Director

Address: 211 Norwich Dr
Gulf Breeze, FL 32561

Name and Title: Larry Morris, Director

Address: 316 S Baylen St #600
Pensacola, FL 32502

Name and Title: Ryan Wiggins, Director

Address: 3710 Bonner Rd
Pensacola, FL 32503

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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PENSACOLA, FL
CLERK OF DISTRICT COURT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Peyton Moseley

Address: 211 Norwich Dr

Gulf Breeze, FL 32561

ARTICLE VII INCORPORATOR

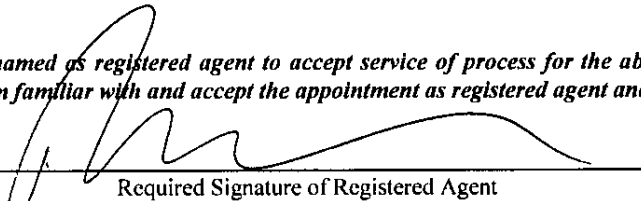
The name and address of the Incorporator is:

Name: Holley Moseley

Address: 211 Norwich Dr

Gulf Breeze, FL 32561

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

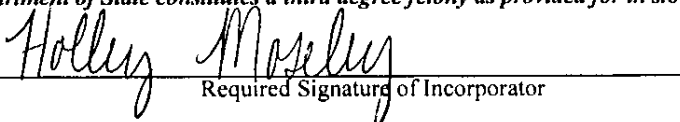


Required Signature of Registered Agent

1/11/14

Date

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



Required Signature of Incorporator

1/11/14

Date

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TALLAHASSEE, FLORIDA