

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CLARK, PARTINGTON, HART, LARRY, BOND, STACKHOUSE

Account Number : 071201002016 Phone : (850)434-9200 Fax Number : (850)208-7100

DISSOLUTION OR WITHDRAWAL

FLORIDA CANNABIS PHYSICIANS NETWORK, INC

Certificate of Status	0
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ECHETARY OF STATE TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION

OF

SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA CANNABIS PHYSICIANS NETWORK, INC.

FLORIDA CANNABIS PHYSICIANS NETWORK, INC., a Florida corporation not for profit under the provisions of Chapter 617, Florida Statutes (the "Corporation"), hereby files these Articles of Dissolution evidencing the Corporation's dissolution and discontinuation of business, and sets forth the following pursuant to the provisions of Section 617.1403, Florida Statutes:

- 1. The name of the corporation is FLORIDA CANNABIS PHYSICIANS NETWORK, INC.
- 2. The Corporation was formed effective on March 03, 2017, and was assigned document number N17000002301, and federal tax identification number 82-1545107.
 - 3. The Corporation has no members or no members with voting rights.
- 4. The Board of Directors of the Corporation adopted, by written consent of all of the Corporation's directors in accordance with Section 617.0821, *Florida Statutes*, a resolution to dissolve the corporation.
- 5. The action by written consent described in Paragraph #4 of these Articles of Dissolution was effective as of September 7, 2018.
- 6. The Dissolution of the Corporation is effective upon filing of these Articles of Dissolution with the Secretary of State.

IN WITNESS WHEREOF, the undersigned President of the Corporation has executed these Articles of Dissolution on September 7, 2018.

FLORIDA CANNABIS PHYSICIANS NETWORK, INC.

y:_____

Keith Bell, President

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[Notice of Dissolution Follows]

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NOTICE OF DISSOLUTION OF FLORIDA CANNABIS PHYSICIANS NETWORK, INC.

This notice of dissolution is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 617.1407, Florida Statutes.

- 1. The name of the Corporation is FLORIDA CANNABIS PHYSICIANS NETWORK, INC. (the "Corporation").
- 2. The date of dissolution of the Corporation will be the date the Articles of Dissolution are filed with the Department of State of the State of Florida.
- 3. Any claim made against the Corporation must include (1) the name of the claimant, (2) the amount owed to the claimant, (3) an explanation of the basis of the claim or debt owed, and (4) an invoice or copy of an invoice, if previously submitted.
 - 4. The mailing address where claims can be sent is as follows:

125 E. Intendencia Street Fourth Floor Pensacola, FL 32502 (Atm: Kelth Bell

Any cleim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Keith Bell, President

Date: September 7, 2018

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