

NT7 00005160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

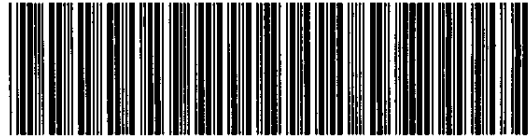
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000287928930

05/10/17--01037--001 **90.00

07/21/16--01006--026 **70.00

17 MAY 10 PM 5 25

W16-52807



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC
17 MAY -6 PM 1:48

DEPT. OF STATE
INFORMATION SERVICES

March 2, 2017

ROZ MCCARTHY
1335 BROKEN OAK DR
WINTER GARDEN, FL 34787

SUBJECT: MINORITIES FOR MEDICAL MARIJUANA, INC
Ref. Number: W16000052807

Memo #: 022197-B

This letter is to inform you that your check number 1013 for \$70.00, which was dated July 16, 2016 and submitted for MINORITIES FOR MEDICAL MARIJUANA, INC has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for MINORITIES FOR MEDICAL MARIJUANA, INC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$85.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: MATTHEW T MOON
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 616A00020623

17 MAY 10 11 50 25
SEC
11/1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

ROZ MCCARTHY
1335 BROKEN OAK DR
WINTER GARDEN, FL 34787

SUBJECT: MINORITIES FOR MEDICAL MARIJUANA, INC
Ref. Number: W16000052807

RECEIVED
16 SEP 16 PM 12:07
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for MINORITIES FOR MEDICAL MARIJUANA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 016A00015963

17 SEP 16 PM 5:25
RECEIVED

COVER LETTER

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

SUBJECT: MINORITIES FOR MEDICAL MARIJUANA, INC.
(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: ROZ MCCARTHY
Name (Printed or typed)

1335 BROKEN OAK DR
Address

WINTER GARDEN, FL 34787
City, State & Zip

4078791302
Daytime Telephone number

ROZSMITH9@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

17 FEB 10 PM 5:25
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MINORITIES FOR MEDICAL MARIJUANA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1000 EAST ROBINSON STREET

SUITE D

ORLANDO, FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTHCARE MARKETING, EDUCATION,
AND OUTREACH ORGANIZATION FOCUSED ON SHARING
WITH FLORIDA'S MINORITY COMMUNITIES ABOUT THE EFFICACY
OF MEDICAL MARIJUANA.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSALIND SMITH, PRESIDENT/CHAIR Name and Title: COREY BAILLOW, DIRECTOR

Address: 1335 BARKEN OAK DR Address: 1425 HIGH POINT BLVD
WINTER GARDEN FL ORLANDO FL 32825
34787

Name and Title: MIKE FREEMAN, VICE PRESIDENT Name and Title: _____

Address: _____ Address: _____

Name and Title: MICHAEL BAKER, DIRECTOR Name and Title: _____

Address: 1902 TUCKER INDUSTRIAL ROAD Address: _____

TUCKER, GA 30084

17 MAY 10 PM 10:25
SECRETARY
STATE OF FLORIDA

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: MICHELLE BELL

Address: 1590 BRADY DRIVE
DELTONA FL 32725

17 MAY 10 PM 5:25

ARTICLE VII INCORPORATOR

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

Name: ROSALIND SMITH-MCCARTHY

Address: 1835 BROKEN OAK DR
WINTER GARDEN FL 34987

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 business days prior or 90 business 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

Michelle Bell

Required Signature of Registered Agent

07/17/16

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.

R. Smith-McCarthy

Required Signature of Incorporator

7-17-16

Date