

N1800000 8674

(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



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07/26/18--01004--002 **25.00

07/26/18--01018--001 **15.00

08/13/18--01005--001 **10.00

FILED
2018 AUG 13 AM 10:42
U.S. DISTRICT COURT
DISTRICT OF MARYLAND
BALTIMORE

T. SCHWEDER
8.13.18

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MEDICAL MARIJUANA ASSOCIATION OF FLORIDA INC
Name of Resulting Florida Profit Corporation
Non

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Non

Please return all correspondence concerning this matter to:

DANIELLE HOPKINS
Contact Person

HMAFLA
Firm/Company

719 E PARK AVE
Address

TALLAHASSEE, FL 32301
City, State and Zip Code

danielle.h@ampup today.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE HOPKINS at (850) 561-0904
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
^{Non} Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

MEDICAL MARIJUANA ASSOCIATION OF FLORIDA LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC 617 618-137188
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/1/18
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the ^{Non} **attached Articles of Incorporation**:

MEDICAL MARIJUANA ASSOCIATION OF FLORIDA INC
Enter Name of Florida Profit Corporation

^{Non}

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

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201 AUG 13 AM 10:42
CLERK OF COURT
JULY 13 2018

Signed this 13 day of AUGUST, 20 18.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Danielle Hopkins
Printed Name: DANIELLE HOPKINS Title: ADMINISTRATIVE DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Danielle Hopkins

Printed Name: DANIELLE HOPKINS Title: ADMINISTRATIVE DIRECTOR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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2018 AUG 13 AM 10:42
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Medical Marijuana Association of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

719 East Park Avenue, Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Association is organized as a not for profit corporation for social welfare purposes, including: 1) To educate the public and

members on the benefits of medical marijuana and related products within the State of FL and issues of common concern related to

medical marijuana; 2) To provide timely and useful information to the public and members regarding the activities of local, state, and

federal officials and other relevant groups relative to medical marijuana; and, 3) To do any and all lawful things necessary or

desirable to foster or improve understanding of, confidence in, and cooperation with medical marijuana regulation in Florida.

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

Each Member shall designate one individual to serve as Director who shall be a Chief Executive Officer or other senior officer or manager of such Member (the "Designated Representative"). Each Member shall vote to elect each Designated Representative as a Director. Each Director shall serve until the following annual meeting of Members or until his or her earlier death, resignation or removal by its Member.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Jeffery Postal, President

Address: 60 Hendricks Isle, PH 60

Ft. Lauderdale, FL 33301

Name and Title: Jake Bergmann, Vice President

Address: 301 Harbour Place Drive, Unit 1806

Tampa, FL 33602

Name and Title: George Scorscis, Secretary-Treasurer

Address: 14810 NW 94th Avenue

Alachua, FL 32615

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Danielle Hopkins

Address: 719 East Park Avenue

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Danielle Hopkins

Address: 719 East Park Avenue

Tallahassee, FL 32301

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA


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 days prior or 90 days after the filing.)

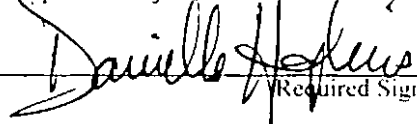
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

7/19/18
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

7/19/18
Date