

N 20 000 001547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

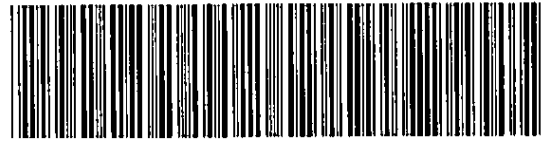
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800339234108

01/21/20--01038--015 **16.75

COVER LETTER

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

SUBJECT: Mr. Psychedelic Law, 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: Dustin Robinson, Esq. CPA
Name (Printed or typed)

1000 SE 2nd St. #6
Address

Fort Lauderdale, FL 33301
City, State & Zip

(954) 258-6084
Daytime Telephone number

drobinson@mr cannabislaw.com
E-mail address: (to be used for future annual report notification)

2020 JAN 21 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Mr. Psychedelic Law, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1000 SE 2nd St.

#6

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote social welfare; To attempt to influence legislation to further the common good and general welfare of the people of Florida; To seek legislation germane to the organization's programs through lobbying as its primary activity; To conduct a Florida committee or political action committee (PAC) to solicit donations in furtherance of the organization's activities; and To conduct such other permissible activities deemed reasonable and necessary to implement the foregoing.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robinson, Dustin, M. (Interim Executive Director)</u>	Name and Title:	<u>Weiner, Michelle, E. (Interim Deputy Director)</u>
-----------------	--	-----------------	---

Address	<u>1000 SE 2nd St.</u>	Address:	<u>12947 SW 95th Ave.</u>
---------	------------------------	----------	---------------------------

#6

Fort Lauderdale, FL 33301

Miami, FL 33176

Name and Title:	<u>Streisfeld, Robert, B. (Interim Secretary)</u>	Name and Title:	
-----------------	---	-----------------	--

Address	<u>5385 E Anderson Dr.</u>	Address:	
---------	----------------------------	----------	--

Scottsdale, Arizona 85254

Name and Title:		Name and Title:	
-----------------	--	-----------------	--

Address		Address:	
---------	--	----------	--

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 21 AM 7:38

FILED

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: Dustin Robinson, Esq. CPA

Address: 1000 SE 2nd St. #6

Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dustin Robinson, Esq. CPA

Address: 1000 SE 2nd St. #6

Fort Lauderdale, FL 33301

FILED
2020 JAN 21 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FL


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

1-14-20
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

1-14-20
Date