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Requester's Name 8511 BULL HENDLET RD. Ste Address Bradfivduille FL 32312 City/State/Zip Phone #	. 105		·-·	
			Office Use Only	-
CORPORATION NAME(S) & DOCU	MENT NU	MBER(S), (if	known):	
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(Corporation Name) 3(Corporation Name)	,	(Document #) (Document #)		ED OF STATE DRPORATIONS
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ARTICLES OF INCORPORATION

OF

MEDICINE MAN OF TALLAHASSEE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: MEDICINE MAN OF TALLAHASSEE, INC.

ARTICLE II - DURATION

The period of its duration is perpetual.

ARTICLE III - PURPOSE

The purpose of this corporation is to engage in any activities or business which is permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7798 Cricklewood Drive, Tallahassee, Florida 32312.

ARTICLE V - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of (\$1.00) Par value and of a single class only. The corporation is authorized to issue 100 shares.

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Sedita Cayson, 7798 Cricklewood Drive, Tallahassee, Florida 32312.

ARTICLE VII - INCORPORATOR

The name and street address of the Incorporator of these Articles of Incorporation are:

Name: Street Address:

Sedita Cayson

7798 Cricklewood Drive Tallahassee, Florida 32312

SECRETARY OF STATE DIVISION OF COMPORATIONS

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

The number of directors constituting its in address are:	itial Board of Directors is two (2), whose name and
Name: Street Address:	
Sedita Cayson	7798 Cricklewood Drive Tallahassee, FL 32312
Marcia Mathis	2521 Nugget Lane Tallahassee, FL 32303
The undersigned has executed these A 2002.	articles of Incorporation this Aud day of August, Sedita Cayson
STATE OF FLORIDA COUNTY OF LEON	
County aforesaid to take acknowledgments, pers to be the persons described in and who execu-	fore me, an officer duly authorized in the State and sonally appeared SEDITA CAYSON, to me known ted the foregoing instrument, who acknowledged ied upon the following form of identification of the, and that an oath (was) (was
not) taken.	
witness my hand and official seal in the day of Augst 2002.	ne State and County last aforesaid this

ROBERT E. MALONEY, JR.
MY COMMISSION # DD 090589
EXPIRES: February 10, 2006
1-8003-NOTARY FL Notary Service & Bonding, Inc.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 48.091 and 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: MEDICINE MAN OF TALLAHASSEE, INC.
- 2. The name and address of the registered agent and office is:

Sedita Cayson, 7798 Cricklewood Drive, Tallahassee, FI2 32312

Sedita Cayson, Incorporator

DATE: 8.22.02

HAVING BEEN NAMED as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sedita Cayson

DATE: 8-22-02

02 AUG 22 PM I. E.