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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	me)
· (Do	ocument Number)	
Certified Copies		
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14 MAR 12 PH 1:50 SECRETARY OF STATE ALLAHASSEE, FLORID,

3-18-14

COVER LETTER

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



SUBJECT: GRASS ROOTS MARIJUANA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		i	Status
		ADDITIONAL COPY REQUIRED	

FROM: BRIAN KOSLOW
Name (Printed or typed)
9655 SOUTH DIXIE HWY, STE 200
Address
MIAMI, FL 33156
City, State & Zip
305-670-7700
Daytime Telephone number
ANA@JEFFREYFEILER.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpora	ME GRASS ROOTS Nation shall be:			
Principal street address		!	Mailing address.	, if different is:
-	DIXIE HWY			T
TE 200 ·		·		
IAMI, FL 33	156			
TICLE III PUR	PPOSE the corporation is organized is: LAWFU	L BUSINE	ESS	
purpose for which	the corporation is organized is:			
	····			
				· -
				880 +
TICLE IV SHA	100			14 HA SSURE SALLAH
number of shares of	stock is:			14 MAR 12 SELGE TAR FALLAHASS
number of shares of	stock is: TOO TIAL OFFICERS AND/OR DIRECTOR	<u></u>		12 SSER
number of shares of	TIAL OFFICERS AND/OR DIRECTOR E: BRIAN KOSLOW, PRES	S Name and Title:	:	12 PM VAY OF S SSEE, FL
number of shares of	stock is: TOO TIAL OFFICERS AND/OR DIRECTOR		:	12 SSER
number of shares of TICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTOR E: BRIAN KOSLOW, PRES	Name and Title:		12 PM VAY OF S SSEE, FL
number of shares of TICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY	Name and Title:		12 PM VAY OF S SSEE, FL
number of shares of TICLE V INT Name and Tith Address	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title:		VAY OF STATE SSEE, FLORIDA
TICLE V INT Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title:		12 PM 1:50 WAY OF STATE SSEE, FLORIDA
number of shares of TICLE V INT Name and Tith Address	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title:		VAY OF STATE SSEE, FLORIDA
TICLE V INT Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title: Address:		12 PM 1:50 WAY OF STATE SSEE, FLORIDA
TICLE V INT Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title: Address:		12 PM 1:50 WY OF STATE SSEE, FLORIDA
TICLE V INITIAL Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title: Address:		12 PM :50 VAY OF STATE SSEE, FLORIDA
TICLE V INITIAL Name and Title Address Name and Title Address	BRIAN KOSLOW, PRES 9655 SOUTH DIXIE HWY STE 200 MIAMI, FL 33156	Name and Title: Address: Name and Title: Address:		12 PM :50 VAY OF STATE SSEE, FLORIDA

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ANA GUZMAN	
Address:	7685 SW 104 ST, STE 200	
	MIAMI, FL 33156	AR THE
		ASS
ARTICLE VII	INCORPORATOR	EG R
The <u>name and ad</u>	dress of the Incorporator is:	FLS - C
Name:	BRIAN KOSLOW	DRID DRID
Address:	9655 SOUTH DIXIE HWY, STE 200	>
	MIAMI, FL 33156	
	,	
- Having been nan - this certificate, La	ned as registered agent to accept service of process im familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	le de	3-3-14
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a
aocument to the 1	Department of State constitutes a tutra degree jelong	,
1	Required Signature/Incorporator	$\frac{3-3-14}{\text{Date}}$

LAW OFFICES OF JEFFREY E. FEILER, P.A.

Member Florida Bar Federal Courts Colorado Bar MIAMI OFFICE Offices at Pinecrest 7685 Southwest 104th Street Suite 200 Miami, Florida 33156

Tel: (305) 670-7700 Fax: (305) 669-8198 Colorado (303) 415-2299 JFeiler@JeffreyFeiler.com

March 3, 2014

Florida Department of State Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314

Re:

Grass Roots Marijuana, LLC

Dear Sir,

Please allow Brian Koslow to open up and use the name of Grass Roots Marijuana, Inc. for his new corporation.

If you have any questions, please feel free to contact me.

Sincerel

JEF/ag

SEURETARY OF STATE ALL AHASSEF FLORID