

**PA000025450**

Florida Department of State  
Division of Corporations  
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**To:**

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIJUANASSURANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION  
FOR MARIJUANASSURANCE, INC.**

In compliance with the requirements of Florida Statutes, Chapter 607 and/or Chapter 621, the following Articles of Incorporation are being adopted and filed for the purpose of organizing a for-profit company:

**ARTICLE I – NAME**

The name of the company is: *Marijuanassurance, Inc.*

**ARTICLE II – DATE OF INCORPORATION**

The existence of this company shall begin within five (5) business days prior to the date of filing.

**ARTICLE III – PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of this company is:

Principal Office Address  
2518 Montclair Circle  
Weston, Florida 33327

Mailing Address  
2518 Montclair Circle  
Weston, Florida 33327

**ARTICLE IV – PURPOSE**

The purpose for which this corporation is organized is to broker and sell insurance products and services.

**ARTICLE V – SHARES**

The number of shares of stock is one hundred (100) shares of common stock.

**ARTICLE VI – REGISTERED AGENT**

The name and street address of the registered agent is: Lisa Wasserman, 2518 Montclair Circle, Weston, Florida 33327.

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**ARTICLE VII - INITIAL OFFICERS**

The name and address of the initial officers and/or directors are as follows:

<u>Title</u>	<u>Name and Address</u>
President	Lisa Wasserman 2518 Montclair Circle Weston, Florida 33327

**ARTICLE VIII - INCORPORATOR**

The name and address of the incorporator is: Lisa Wasserman, 2518 Montclair Circle, Weston, Florida 33327.

Having been named as a registered agent to accept service and process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as a 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 a registered agent as provided for in Chapter 607 of the Florida Statutes.

Signed: Lisa Wasserman  
Lisa Wasserman

Date: 3/20/2014

Lisa Wasserman  
(Print Name)

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony provided for in Florida Statutes Section 817.155.

Signed: Lisa Wasserman  
Lisa Wasserman

Date: 3/20/2014

Lisa Wasserman  
(Print Name)

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