

MAY/07/2014 WED 11:54 AM  
6/7/2014

FAX No.  
Division of Corporations

P. 01/0012

P/4000040543

Florida Department of State  
Division of Corporations  
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RECEIVED  
DIVISION OF CORPORATIONS  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
FLORIDA MARIJUANA DISPENSARIES, INC.

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

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14 MAY -7 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FAX No.

P. 002/003  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE

2014 MAY -7 PM 12:59

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: FLORIDA MARIJUANA DISPENSARIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4514 NE 1ST AVE

MIAMI, FL 33137

Mailing address, if different is:

4514 NE 1ST AVE

MIAMI, FL 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (P) SUSANA BAKER Name and Title: (VP) JEAN A BAIDET

Address: 4514 NE 1ST AVE Address: 4514 NE 1ST AVE  
MIAMI, FL 33137 MIAMI, FL 33137

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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P. 003/003

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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:

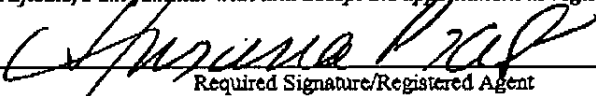
Name: SUSANA BAKER  
Address: 4514 NE 1ST AVE  
MIAMI, FL 33137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SUSANA BAKER  
Address: 4514 NE 1ST AVE  
MIAMI, FL 33137

*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/Registered Agent

5/6/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

5/6/2014  
Date