

MAY/07/2014/WED 11:55 AM

FAX No.

P. 001/003

5/7/20

Division of Corporations

Florida Department of State
Division of Corporations
600 North Florida Avenue, Suite 100
Tallahassee, Florida 32301

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA MEDICAL CANNABIS, INC.**

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

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY -7 PM 4:22

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B 5/8/14

MAY/07/2014/WED 11:55 AM

FAX No.

P. 002/003

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 MEDICAL CANNABIS, 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

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) SUSANA BAKER

Address: 4514 NE 1ST AVE
MIAMI, FL 33137

Name and Title: (VP) JEAN A BAIDET

Address: 4514 NE 1ST AVE
MIAMI, FL 33137

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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

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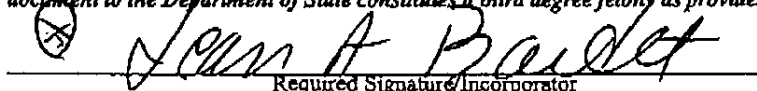
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


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