

P14000044735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

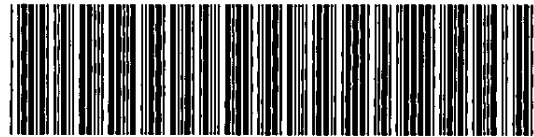
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100258415771

05/05/14--01017--006 \*\*78.75

FILED  
14 MAY 16 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6385-

W14000028587

5/21/14

**COVER LETTER**

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

**SUBJECT: TheraCanna, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Jennifer Miller**

Name (Printed or typed)

**2203 Summer Raye Court**

Address

**Saint Cloud, FL 34772**

City, State & Zip

**407-738-8162**

Daytime Telephone number

**theracanna@gmail.com**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 16 AM 11:55

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 MAY 16 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 6, 2014

JENNIFER MILLER  
2203 SUMMER RAYE COURT  
SAINT CLOUD, FL 34772

SUBJECT: THERACANNA, INC.  
Ref. Number: W14000028587

We have received your document for THERACANNA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00009672

FILED

14 MAY 16 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: TheraCanna, Inc.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2203 Summer Raye Court

Saint Cloud, FL 34772

14 MAY 16 AM 11:55  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Jennifer Miller, President & Treasurer

Address: 2203 Summer Raye Court  
Saint Cloud, FL 34772

Name and Title: Andrea Hewitt, Vice President & Secretary

Address: 4005 E Gloria Drive  
Hernando, FL 34442

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

14 MAY 16 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Charles E. Moore Jr, PA The Law Offices of Charles E "Gene" Moore, Jr., PA

Address:

210 N Orlando Avenue

% Charles E Moore, Jr.

Kissimmee, FL 34741

FL DOS Doc # P13000032884

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

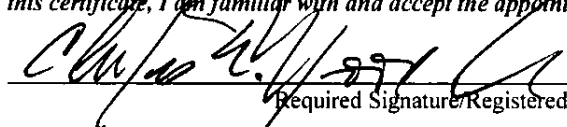
Jennifer Miller

Address:

2203 Summer Raye Court

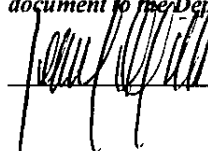
Saint Cloud, FL 34772

*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

April 30, 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

30-April-2014  
Date