

PH000054333

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 JUN 19 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Medical Marijuana of Manatee Design Build, 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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Shirley Faulkner
Name (Printed or typed)
26030 63rd Ave E
Address
Myakka City FL 34251
City, State & Zip
941-725-1564
Daytime Telephone number
shirleyf@mailmt.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)

ARTICLE I NAME

The name of the corporation shall be: Medical Marijuana of Manatee Design Build, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

26030 63rd Ave E

Myakka City FL 34251

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction of medical marijuana facilities

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley Faulkner, Pres/Treas.

Name and Title: _____

Address 26030 63rd Ave E

Address: _____

Myakka City FL 34251

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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:

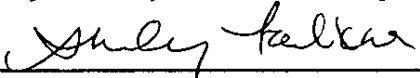
Name: Shirley Faulkner
Address: 26030 63rd Ave E
Myakka City FL 34251

ARTICLE VII INCORPORATOR

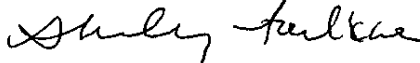
The **name and address** of the Incorporator is:

Name: Shirley Faulkner
Address: 26030 63rd Ave E
Myakka City FL 34251

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

 6-16-14
Required Signature/Registered Agent 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.

 6.16.14
Required Signature/Incorporator Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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