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(Business Entity Name)

(Document Number)

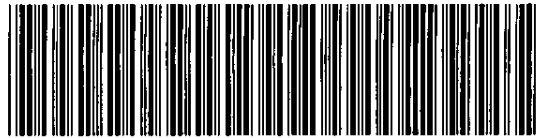
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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Northwest Compassionate Care, 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:** Shannon Rosier  
\_\_\_\_\_  
Name (Printed or typed)  
  
PO Box 16375  
\_\_\_\_\_  
Address  
  
Tallahassee, FL 32317  
\_\_\_\_\_  
City, State & Zip  
  
850-877-6362  
\_\_\_\_\_  
Daytime Telephone number  
  
shannon@rosierco.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: Northwest Compassionate Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1882 Capital Circle NE, Ste. 102

Tallahassee, FL 32308

Mailing address, if different is:  
P.O. Box 12158

Tallahassee, FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To pursue an investment in property, a nursery business,  
to take part in and apply for a dispensary license pursuant to Chapter 381.986, Florida Statutes; and any other purpose  
not in conflict of State and Federal law.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Shannon Rosier, CEO

Address: PO Box 16375  
Tallahassee, FL 32317

Name and Title: Stephen Duncan

Address: 2056 Centre Pointe Lane  
Tallahassee, FL 32308

Name and Title: Baxter Troutman

Address: 2502 Partridge Dr SE  
Winter Haven, FL 33884

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: Shannon Rosier \_\_\_\_\_

Address: 1882 Capital Circle NE Ste. 102 \_\_\_\_\_

Tallahassee, FL 32308 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Shannon Rosier \_\_\_\_\_

Address: PO Box 16375 \_\_\_\_\_

Tallahassee, FL 32317 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/15/2015 \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7/20/2015  
\_\_\_\_\_  
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

7/20/2015  
\_\_\_\_\_  
Date