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COVER LETTER

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

SUBJECT: Cal	lifornia Growing Corp.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the a	rticles of incorporation an	d a check for:	
■ \$70.0 Filing Fe	•	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Name (Printed or typed)			
	8020 Shrigley Road Address			
	Charlevoix MI 49720	1144.000		
	City, State & Zip			
	9544483454			
	Daytime Telephone number			
	yasou_00@hotmail.com			
	E-mail address: (to be us	ed for future annual report i	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 corpora	tion shall be: California Growing Con	rp.		
ARTICLE II PRINC 8020 Shrigley Road			Mailing address, if different is:	
Charlevoix MI 49720				
ARTICLE III PURPO The purpose for which the	<u>2SE</u> he corporation is organized is:	ourpose for this company	is a Marketing Company	
			16 FE:	g jed gan j
			22	
ARTICLE IV SHARI The number of shares of	ES 10,000,000 stock is:		PH 3: 30	b.
ARTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTO	RS Name and Title	Travis Grover / Vice President	•
Address	8020 Shrigley Road Charlevoix MI 49720	Address:	11540 afton Road	
	Charlevolx IVI 49720	•	Wolverine MI 49799	
Name and Title:	•	Name and Title		
Address		Address:		
No. 1751				
Address		Address:		
		············		

Name an	nd Title:	Name and Title:	
Address	3	Address:	
			
ARTICI F VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Tom Roland	_	
Address:	998 Brightwater Circle		
	Maitland FL 32751		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Lia Arlt		
Address:	8020 Shrigley Road		
	Charlevoix MI 49720		
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONA	L)
(If an effective of days after the fi	date is listed, the date must be specific and calling.)	innot be more than five busif	iess days prior or 90 business
Note: If the date	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements.	nts, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corp is registered agent and agree to	oration at the place designated in act in this capacity
	In a Kill of		2/16/16
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the felony as provided for in s.817.	false information submitted in a 155, F.S.
\downarrow	1, Xh 14	, y i i iii iii ii ii ii ii ii ii ii ii i	2/16/16
Requ	red Signature/Incorporator		Date