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(Requestor's Name)

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(City/State/Zip/Phone #)

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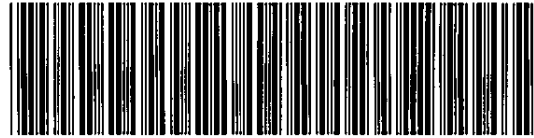
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
2016 SEP 20 PM 1:55

16 SEP 20 PM 1:55

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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

American Medical Marijuana Physicians Association, Inc.

SUBJECT: _____
(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

Cynthia Crider
FROM: _____
Name (Printed or typed)
1635 E. Hwy 50, Suite 300

Address
Clermont, Florida 34711

City, State & Zip
352-394-2103

Daytime Telephone number
jasonpirozzolo@yahoo.com

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

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

Shoffstall, Lyn

From: Cynthia Crider <ccrider@bcnlawfirm.com>
Sent: Friday, September 23, 2016 1:00 PM
To: Shoffstall, Lyn
Cc: Jason Pirozzolo
Subject: American Medical Marijuana Physicians Association, Inc.

Lyn,

It was a pleasure speaking with you this morning. Pursuant to our conversation, I would like to confirm that the previous not-for-profit entity has no intent of revoking its dissolution and it hereby releases its name to the new entity, the B corp.

If you have any additional questions or need any information, please do not hesitate to call.

Thank you,
Cindy

Cynthia Crider
Attorney



Boyette, Cummins & Nailos, PLLC
1635 E. Highway 50, Suite 300
Clermont, FL 34711
Telephone: 352-394-2103
Facsimile: 352-394-2105
www.BCNLawFirm.com
855-LAW-2020

A Commitment to Excellence

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ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: American Medical Marijuana Physicians Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4243 Sunbeam Road, Suite 3

Jacksonville, Florida 32257

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Trade organization responsible for advocating for and providing education and standards to

physicians recommending medical cannabis as an alternative treatment modality for approved

indications.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Jason J. Pirozzolo, President

Name and Title: Orlando Florete, Vice-President

Address 17807 Westbay Court

Address: 4243 Sunbeam Road

Winter Garden, Florida 34787

Jacksonville, Florida 32257

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: K. Wade Boyette
Address: 1635 E. Hwy 50, Suite 300
Clermont, Florida 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason J. Pirozzolo
Address: 1110 Harbor Hill
Winter Garden, Florida 34787

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

9/23/16

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

Date

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: K. Wade Boyette

Address: 1635 E. Hwy 50, Suite 300

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Name: Jason J. Pirozzolo

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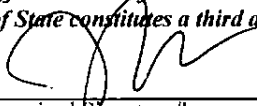
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Required Signature/Registered Agent

Date

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Required Signature/Incorporator

9-12-16

Date