

P/7000023554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

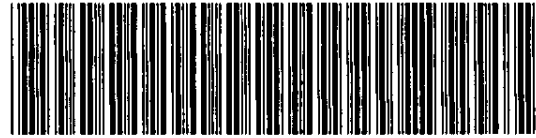
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800296048918

03/01/17--01010--006 \*\*78.75

FILED  
17 MAR 16 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-018125

03/15/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2017

KELLY CARTER  
165 SOUTHPARK BLVD., STE. C  
ST AUGUSTINE, FL 32086

SUBJECT: FLORIDA MEDICAL MARIJUANA PHYSICIANS INC  
Ref. Number: W17000018125

We have received your document for FLORIDA MEDICAL MARIJUANA PHYSICIANS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000017472.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 517A00004070

VED  
MAR 17 3:00  
CORPORATE  
SERVICE

[www.sunbiz.org](http://www.sunbiz.org)

## COVER LETTER

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

**SUBJECT:** Florida Medical Marijuana Physicians 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:** Kelly Carter

Name (Printed or typed)

165 Southpark Blvd Suite C

Address

St augustine Fl 32086

City, State & Zip

904-823-8833

Daytime Telephone number

kcarterprc@gmail.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:

~~Florida Medical Marijuana Physicians Inc~~ Resource Group Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

165 Southpark Blvd Suite D

St Augustine Fl 32086

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical care and supervision

### ARTICLE IV SHARES

The number of shares of stock is:

1000

FILED  
17 MAR 14 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott R Michaels President

Name and Title: Kelly Carter Secretary

Address 165 Southpark Blvd

Address: 165 South park Blvd

St Augustine Fl 32086

St Augustine Fl 32086

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Kelly Carter  
Address: 165 Southpark Blvd Suite D  
St Augustine FL 32086

**ARTICLE VII INCORPORATOR**

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

Name: Kelly Carter  
Address: 165 Southpark Blvd Suite D  
St Augustine FL 32086

FILED  
17 MAR 14 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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  
02/23/2017  
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  
02/23/2017  
Date  
3/8/17  
incorporator  
name A