

P180000054146

(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



200313070002

06/15/18--01024--020 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 15 AM 10:26

FILED

K. PAGE
JUN 19 2018

COVER LETTER

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

SUBJECT: CANADIAN MEDICAL Cannabis 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: Richard Haber
Name (Printed or typed)

22214 BELLA LAGO DR #2219
Address

BOCA RATON FL 33433
City, State & Zip

954-816-5351
Daytime Telephone number

ritchieny@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: CANADIAN MEDICAL CANNABIS INC.

ARTICLE II PRINCIPAL OFFICE

22214 Bella LAGORD #2219
Boca Raton
FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPEN MEDICAL MARIJUANA
CLINICS FOR PATIENTS TO OBTAIN THEIR
CARDS FOR USE.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAN SLAIVER Director

Address: 2125 Avenue Road
TORONTO, ONT M5N 4B2

APT 208 50 shares

Name and Title: Marlene Beckow Director

Address: 10155 COLLINS AVE
BAL HARBOUR FL

33154
APT 405 11 shares

Name and Title: Richard HABER Director

Address: 22214 Bella LAGORD
APT 2219

Boca Raton FL 33433

39 shares.

2016 JUN 19 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1059

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: Richard H. ABER
Address: 22214 BELL LAGO DR #2019
Boca Raton FL 33433

FILED
2018 JUN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Huber
Address: 22214 BELL LAGO DR #2019
Boca Raton FL 33433

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

Richard Huber
Required Signature/Registered Agent

6/9/18
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.

Richard Huber
Required Signature/Incorporator

6/9/18
Date