

P200000612

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000061195 3)))



H200000611953ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Cannabis Talent Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 24 AM 8:39

FILED

RECEIVED
2020 FEB 24 PM 3:02

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Cannabis Talent Solutions, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
15791 Loch Maree Ln. Apt 5206Delray Beach, FL 33446

Mailing address, if different is:

15791 Loch Maree Ln. Apt 5206Delray Beach, FL 33446**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kathy Raymond-President

Name and Title: _____

Address 15791 Loch Maree Ln. Apt 5206

Address: _____

Delray Beach, FL 33446

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 Address: 155 Office Plaza Drive, 1st Fl.
Tallahassee, FL 32301

2020 FEB 24 AM 8:39
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

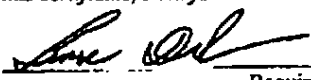
Name: Kathy Raymond
 Address: 15791 Loch Maree Ln. Apt 5206
Delray Beach, FL 33446

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 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

 Laurie Delas, Asst Sec.
 Required Signature/Registered Agent

2/24/2020
 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

2/24/2020
 Date