

2/9/22, 12:57 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)573-3996
Fax Number : (954)208-0845

FILED**Feb 09, 2022 08:00 AM****Secretary of State**

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**Flora Growth F&B Corp.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

T. SCOTT
MAR 15 2022

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Corporate Filing Menu

Help

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: Flora Growth F&B Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
198 Davenport Road
Toronto, Ontario M5R 1J2, Canada

Mailing address, if different is:

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 under the Florida Business Corporation Act, provided that the corporation is not formed to engage in any act or
activity requiring the consent or approval of any state official, department, board, agency or other body without such consent
or approval first being obtained.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares, \$0.001 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Merchan, President and Director

Address: 198 Davenport Road
Toronto, Ontario M5R 1J2, Canada

Name and Title: Matthew Cohen, Secretary/Treasurer

Address: and Director
198 Davenport Road
Toronto, Ontario M5R 1J2, Canada

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Feb 09, 2022 08:00 AM

Secretary of State

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road Plantation.

FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Rebecca DiStefano

Address: 401 E Las Olas Blvd. Ste 2000

Fort Lauderdale, FL 33301

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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*

C. T Corporation System

By: /s/ Kathryn A. Widdoes, Assistant Secretary 2/9/2022

Required Signature/Registered Agent 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.

/s/ Rebecca DiStefano 02/09/2022

Required Signature/Incorporator Date