

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000060420

Entity Name: TRULIEVE, INC.**Current Principal Place of Business:**6749 BEN BOSTIC ROAD
QUINCY, FL 32351**Current Mailing Address:**6749 BEN BOSTIC ROAD
QUINCY, FL 32351 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	RIVERS, KIM
Address	6749 BEN BOSTIC ROAD
City-State-Zip:	QUINCY FL 32351

Title	AUTHORIZED AGENT
Name	HINES, VIRGINIA
Address	24671 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33763

Title	COO
Name	PERNELL, JASON
Address	6749 BEN BOSTIC ROAD
City-State-Zip:	QUINCY FL 32351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA HINES

AUTHORIZED AGENT

01/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date