

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Sent via Electronic Delivery

May 24, 2023

A Good Decision, LLC
c/o Tyler Averdick
116 Sea Grove Main Street
St. Augustine, Florida 32080
tyler@noviumrx.com

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear A Good Decision, LLC,

On April 24, 2023, the Florida Department of Health received your application for MMTC licensure (the "Application"). The Department has identified the following apparent errors or omissions in your Application.

1. Subsection 4.3.3, Level 2 Background Screening

Subsection 4.3.3 of the Medical Marijuana Treatment Center License Application Instructions, Requirements and Forms (the "Application Instructions") requires an applicant's owners and managers to submit a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. The Department has not yet received an FDLE background report for the following individuals, who are identified as owners or managers in Subsection 4.3.3 of your Application:

435.09

Please ensure that these individuals have successfully submitted a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Once that is accomplished, the Department will be provided the background report by FDLE.

2. Subsection 4.8.4, Prior Enforcement Action

Subsection 4.8.4 of the Application Instructions requests that the applicant disclose and describe prior enforcement action taken against the applicant's owners and managers. The applicant must first state whether each of its owners and managers has previously served as an owner or manager of a Florida-licensed dispensing organization or MMTC that has been subject to enforcement action by the Department. The applicant must then describe any such enforcement action.

In your Application, you indicated that **688.002(4), 542.335(1)(b)**

Please describe the circumstances surrounding the enforcement action taken against

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3. Subsection 4.12.1, Certified Financial Statements

Section 381.986(8)(b)7., Florida Statutes, requires that an applicant for MMTC licensure demonstrate “the financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financial statements to the Department.” Subsection 4.12.1 of the Application Instructions requires the certified financial statements to be prepared in accordance with U.S. Generally Accepted Accounting Principles (“GAAP”) and audited in accordance with U.S. Generally Accepted Auditing Standards (“GAAS”) by a Certified Public Accountant (“CPA”) licensed pursuant to Chapter 473, Florida Statutes, or licensed by another state.

Your Application does not contain certified financial statements as required by section 381.986(8)(b)2., Florida Statutes, and Subsection 4.12.1 of the Application Instructions. Although Subsection 4.12.1 of your Application contains financial statements for A Good Decision, LLC, note 9 to the financial statements, which discloses [REDACTED] 688.002(4), 542.335(1)(b) appears to render the statements noncompliant with GAAP.

Please provide certified financial statements for A Good Decision, LLC, as required by Subsection 4.12.1 of the Application Instructions.

4. Subsection 4.13.3, Capitalization Tables, Change of Control, and Related Entities

Section 4.13.3 of the Application Instructions requires an applicant to identify the natural person owners and natural person beneficiaries of all entities listed on the requested capitalization table. Subsection 4.13.3 of your Application includes a capitalization table that reflects ownership by [REDACTED] 688.002(4), 542.335(1)(b) [REDACTED]. If these are two distinct entities, the capitalization table appears incorrect, as you did not identify all natural person owners and investors of [REDACTED] 688.002(4), 542.335(1)(b).

Please provide a single, aggregated and fully diluted capitalization table to sum all natural person interests to 100%. The table must list all share types and interests and must show the aggregate sum of shares, including those associated with or flowing to any natural person owners or investors of [REDACTED] 688.002(4), 542.335(1)(b). Alternatively, if this is a scrivener’s error, please advise the Department accordingly and indicate which is the correct entity name.

Deadline to Respond

The Department must receive the above-requested documentation and information within twenty-one (21) calendar days of the date on which the Department emails this letter to you. See Section 5.1 of the Application Instructions for the submission address and requirements. Failure to supply the requested documentation and information identified above may result in denial of your Application.

If any materials submitted to the Department in response to this letter contain confidential information, you must comply with the requirements of Section 2.4 of the Application Instructions when submitting such information.

Sincerely,

Christopher Kimball

Christopher Kimball
Director
Office of Medical Marijuana Use