

**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

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**Sent via Electronic Delivery**

May 25, 2023

Southern Roots Filling Station, Inc.  
c/o Cameron Beard  
2029 Third Street North  
Jacksonville Beach, Florida 32250  
[camicus@gmail.com](mailto:camicus@gmail.com)

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Southern Roots Filling Station, Inc.,

On April 25, 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 for Applicants (the "Application Instructions") requires that the applicant submit a completed Form 2 (Waiver Agreement and Statement) for each owner or manager, as those terms are defined by Department rules. The Form 2 contained in Subsection 4.3.3 of your Application is either incomplete or incorrect for the following individual:

**435.09**

Form 2 is missing the date Form 2 was signed.

Please provide a complete Form 2 executed by the above-listed individual with all required information.

**2. 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)7., Florida Statutes, and Subsection 4.12.1 of the Application Instructions. Although Subsection 4.12.1 of your Application contains financial statements for Southern Roots Filling Station, Inc., the financial statements do not appear to be in conformity with GAAP because **119.0715**

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Please provide certified financial statements for Southern Roots Filling Station, Inc., as required by Subsection 4.12.1 of the Application Instructions.

### **3. Subsection 4.13.3, Capitalization Tables, Change of Control, and Related Entities**

Subsection 4.13.3 of the Application Instructions requires, among other things, that entity applicants provide a fully diluted capitalization table.

In Subsection 4.13.3 of your Application, you included a capitalization table for Southern Roots Filling Station, Inc. However, the capitalization table appears incomplete, [REDACTED] 119.0715. Please provide a corrected, fully diluted capitalization table listing all shares types and the aggregate sum of shares associated with or flowing to any natural person that equals 100%.

Lastly, if any natural person on the corrected capitalization table meets the definition of “owner” or “manager” (as defined by Department rules), such natural persons must submit a completed Form 2 and a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Those natural persons must also be added to an updated list of owners and managers in Subsection 4.3.3 of your Application and submitted to the Department.

### **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