

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 25, 2023

Healing Greene Florida LLC
c/o Alexa Wolman
7535 W. 4th Avenue
Hialeah, Florida 33014
contact@dreamgreene.com

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Healing Greene Florida LLC,

On April 26, 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 individual, who is identified as an owner or manager in Subsection 4.3.3 of your Application:

435.09

Please ensure that this individual has successfully submitted a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Individuals rejected for fingerprint quality must resubmit a full set of fingerprints to a Livescan Service Provider. As provided in Subsection 4.3.3 of the Application Instructions, if an individual’s fingerprints are rejected twice for image quality, the individual must participate in the Federal Bureau of Investigation’s name check procedure for fingerprint submissions rejected due to image quality. The Department will notify an individual whose fingerprints are rejected twice for image quality and provide direction regarding the FBI name check procedure.

Additionally, it appears that your list of owners and managers in Subsection 4.3.3 of the Application may be incomplete. Subsection 4.10.1 of your Application identifies the following individual who appears to meet the definition of “owner” or “manager” in Emergency Rule 64ER20-31:

435.09

If this individual meets the definition of “owner” or “manager,” he must submit a completed Form 2 to the Department and full set of fingerprints to a Livescan Service Provider for purposes of level 2 background

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screening; he must also be added to an updated list of owners and managers in Subsection 4.3.3 of your Application and provided to the Department.

2. 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.

Subsection 4.13.3 of your Application contains a capitalization table for Healing Greene Florida LLC. You have also provided separate capitalization tables for an entity or entities with ownership interests in Healing Greene Florida LLC. However, the capitalization table for Healing Greene Florida LLC is not [REDACTED] [19.0715].

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 any entities listed on the capitalization table.

Additionally, for purposes of ownership attribution, please provide the nature of the familial relationship, if any, among and between the individuals listed in Subsection 4.13.3 of the Application, [REDACTED] [19.0715].

Lastly, if any natural person meets the definition of “owner” or “manager,” even if by familial attribution of ownership (as provide by Department rule), such natural persons must submit a completed Form 2 to the Department 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.

3. Section 4.15, Citrus Preference Documentation

Section 4.15 of the Application Instructions requires applicants seeking to qualify for the citrus preference, as described in section 381.986(8)(a)3., Florida Statutes, to provide certain documents and information. Additionally, the Application Instructions require applicants to advise the Department if they are not seeking to qualify for the citrus preference.

Your Application contains no text in Section 4.15 and does not otherwise state whether the applicant is seeking to qualify for the citrus preference.

If you are seeking to qualify for the citrus preference, please provide the documentation and information requested in Section 4.15.

If you are not seeking to qualify for the citrus preference, please advise the Department accordingly.

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.

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Sincerely,

Christopher Kimball

Christopher Kimball
Director
Office of Medical Marijuana Use