

**\*\*\*REQUIRED PAGE BREAK\*\*\***

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# SECTION 4.1

FORM 1: APPLICANT GENERAL INFORMATION



### FORM 1: APPLICANT GENERAL INFORMATION

<b>Applicant Name</b>				
<b>Theory Wellness of Florida LLC</b>				
<b>Mailing Address</b>				
<b>38 Montvale Avenue</b>				
<b>City</b>	<b>Apt/Ste #</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>
<b>Stoneham</b>	<b>#210</b>	<b>MA</b>	<b>02180</b>	<b>USA</b>

<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Brandon</b>	<b>Pollock</b>	<b>C</b>
<b>Telephone Number</b>	<b>Designated Email (for Department/Applicant Communications)</b>	
<b>845 661 4866</b>	<b>brandon@theorywellness.org</b>	

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## **SECTION 4.2**

DECLARATION OF EXEMPT INFORMATION



HOLDING FOR DAN



**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.3.1**

APPLICANTS MUST PROVIDE  
DOCUMENTATION, AS DESCRIBED  
BELOW, DEMONSTRATING THAT THE  
APPLICANT, WHETHER AN  
INDIVIDUAL (NATURAL PERSON) OR  
ENTITY, HAS BEEN REGISTERED TO  
DO BUSINESS IN FLORIDA FOR THE  
PREVIOUS FIVE CONSECUTIVE YEARS.



## SUBSECTION 4.3.1

**FLORIDA BUSINESS REGISTRATION**

**Applicants must provide documentation, as described below, demonstrating that the applicant, whether an individual (natural person) or entity, has been registered to do business in Florida for the previous five consecutive years. If the applicant is an entity, other than a sole proprietor or general partnership, the applicant must provide a Certificate of Status from the Florida Department of State (DOS). Applicants should request from the DOS Division of Corporations a Certificate of Status. Information on how to request a Certificate of Status may be found at the Division of Corporations' website at the following link:**

**<https://dos.myflorida.com/sunbiz/managebusiness/certification/certificate-status-efile/>.**

**The entity applicant, as listed in Form 1 (Applicant General Information), must be the same entity appearing on the Certificate of Status from DOS.**

## SUBSECTION 4.3.1

**FLORIDA BUSINESS REGISTRATION**

**The applicant, as listed in Form 1 (Applicant General Information), must be the same natural person or general partnership identified in the documentation from DOS, DOR, or other Florida state agency or local government entity, as applicable. However, if the applicant's name has changed during the preceding five-year period, the applicant must submit documents demonstrating any name changes that have occurred and demonstrating that the natural person or general partnership applicant submitting the application for licensure is the same natural person or general partnership that has been registered to do business in Florida for the previous five consecutive years.**



## EXHIBIT A

# *State of Florida*


## *Department of State*

I certify from the records of this office that THEORY WELLNESS OF FLORIDA LLC is a limited liability company organized under the laws of the State of Florida, filed on March 5, 2007.

The document number of this limited liability company is L07000023868.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 21, 2023, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twentieth day of April, 2023*

  
*Secretary of State*

Tracking Number: 5782454781CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** CORPDOCUMENTS, LLC**EXHIBIT B****FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC8062408032****Current Principal Place of Business:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548**Current Mailing Address:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF NICK SPRADLIN, PLLC  
2202 N. WEST SHORE BLVD  
SUITE 200  
TAMPA, FL 33607 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:** NICKOLAS J. SPRADLIN, ESQ.

01/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SPRADLIN, MARIANELLA D
Address	18801 N. DALE MABRY HWY SUITE 119
City-State-Zip:	LUTZ FL 33548

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIANELLA D SPRADLIN

MGRM

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** CORPDOCUMENTS, LLC**EXHIBIT C****FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**0573730403CC****Current Principal Place of Business:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548**Current Mailing Address:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF NICK SPRADLIN, PLLC  
2202 N. WEST SHORE BLVD  
SUITE 200  
TAMPA, FL 33607 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:** NICKOLAS J. SPRADLIN, ESQ.

02/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SPRADLIN, MARIANELLA D
Address	18801 N. DALE MABRY HWY SUITE 119
City-State-Zip:	LUTZ FL 33548

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIANELLA SPRADLIN

CEO

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** CORPDOCUMENTS, LLC**EXHIBIT D****FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**3544949996CC****Current Principal Place of Business:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548**Current Mailing Address:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF NICK SPRADLIN, PLLC  
2202 N. WEST SHORE BLVD  
SUITE 200  
TAMPA, FL 33607 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:** NICKOLAS J. SPRADLIN, ESQ.

01/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SPRADLIN, MARIANELLA D
Address	18801 N. DALE MABRY HWY SUITE 119
City-State-Zip:	LUTZ FL 33548

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIANELLA D SPRADLIN

MGRM

01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date



**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** CORPDOCUMENTS, LLC**EXHIBIT E****FILED**  
**Jan 15, 2021**  
**Secretary of State**  
**2327322382CC****Current Principal Place of Business:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548**Current Mailing Address:**18801 N. DALE MABRY HWY  
SUITE 119  
LUTZ, FL 33548 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF NICK SPRADLIN, PLLC  
2202 N. WEST SHORE BLVD  
SUITE 200  
TAMPA, FL 33607 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:** NICKOLAS J. SPRADLIN, ESQ.

01/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SPRADLIN, MARIANELLA D
Address	18801 N. DALE MABRY HWY SUITE 119
City-State-Zip:	LUTZ FL 33548

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIANELLA D SPRADLIN

AMBR

01/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** THEORY WELLNESS OF FLORIDA LLC **EXHIBIT F****Current Principal Place of Business:**38 MONTVALE AVENUE, SUITE 210  
STONEHAM, MA 02180**Current Mailing Address:**38 MONTVALE AVENUE, SUITE 210  
STONEHAM, MA 02180 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:** NICKOLAS J. SPRADLIN, ESQ.

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	POLLOCK, BRANDON
Address	38 MONTVALE AVENUE, SUITE 210
City-State-Zip:	STONEHAM MA 02180

Title	AR
Name	SHORE, JON
Address	38 MONTVALE AVENUE, SUITE 210
City-State-Zip:	STONEHAM MA 02180

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JON SHORE

AR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023868

**Entity Name:** THEORY WELLNESS OF FLORIDA LLC**EXHIBIT G****FILED****Mar 21, 2023****Secretary of State****5101912326CC****Current Principal Place of Business:**38 MONTVALE AVENUE, SUITE 210  
STONEHAM, MA 02180**Current Mailing Address:**38 MONTVALE AVENUE, SUITE 210  
STONEHAM, MA 02180 US**FEI Number:** 26-1109498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:** NICKOLAS J. SPRADLIN, ESQ.

03/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	POLLOCK, BRANDON
Address	38 MONTVALE AVENUE, SUITE 210
City-State-Zip:	STONEHAM MA 02180

Title	AUTHORIZED REPRESENTATIVE
Name	SHORE, JON
Address	38 MONTVALE AVENUE, SUITE 210
City-State-Zip:	STONEHAM MA 02180

Title	AUTHORIZED REPRESENTATIVE
Name	FRIEDMAN, NICK
Address	38 MONTVALE AVENUE, SUITE 210
City-State-Zip:	STONEHAM MA 02180

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JON SHORE**AUTHORIZED  
REPRESENTATIVE**

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

EXHIBIT H



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2023

JON SHORE  
38 MONTVALE AVE, STE 210  
STONEHAM, MA 02180 US

Re: Document Number L07000023868

The Articles of Amendment to the Articles of Organization for THEORY WELLNESS OF FLORIDA LLC, a Florida limited liability company, were filed on April 19, 2023.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Vonterica S Williams  
REGULATORY SPECIALIST II  
Division of Corporations

Letter Number: 623A00008800



# State of Florida

**EXHIBIT H**

## Department of State

I certify from the records of this office that THEORY WELLNESS OF FLORIDA LLC, is a limited liability company organized under the laws of the State of Florida, filed on March 5, 2007.

The document number of this company is L07000023868.

I further certify that said company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 21, 2023, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Nineteenth day of April, 2023



CR2E022 (01-11)

  
Cord Byrd  
Secretary of State



# State of Florida

**EXHIBIT H**

## Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on April 19, 2023, to the Articles of Organization for THEORY WELLNESS OF FLORIDA LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L07000023868.



Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Nineteenth day of April, 2023

  
Cord Byrd

Secretary of State



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Theory Wellness of Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 3, 2022 and assigned  
Florida document number L07000023868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

## EXHIBIT H

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Theory Wellness Holdings LLC	38 Montvale Avenue Suite 210	<input checked="" type="checkbox"/> Add
		Stoneham MA 02180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brandon Pollock	38 Montvale Avenue Suite 210	<input type="checkbox"/> Add
		Stoneham MA 02180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brandon Pollock	38 Montvale Avenue Suite 210	<input checked="" type="checkbox"/> Add
		Stoneham MA 02180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 19, 2023

Signature of a member or authorized representative of a member

Jon Shore

Typed or printed name of signee

## Exhibit I

L07000023868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

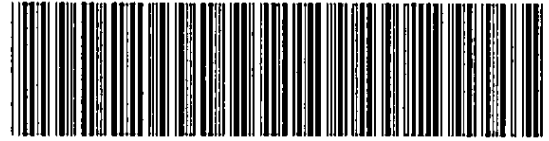
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA Not Active

Office Use Only



800380779318

02/03/22--01008--016 \*\*55.00

FILED  
2022 FEB -3 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

FEB 23 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corpdocuments, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Shore

Name of Person

Theory Wellness Holdings LLC

Firm/Company

38 Montvale Avenue, Suite 210

Address

Stoneham, MA 02180

City/State and Zip Code

jshore@theorywellness.org

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Shore 617 686-3640  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Corpddocuments, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2022 FEB -3 AM 10:34

The Articles of Organization for this Limited Liability Company were filed on March 5, 2007 and assigned  
Florida document number 1,07000023868.  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Theory Wellness of Florida LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

8517 Hawks Gully Avenue

Delray Beach, FL 33446

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8517 Hawks Gully Avenue

Delray Beach FL 33446

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

*City*

Florida 32301

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Lynn M. CannelLongo*

Lynn M. CannelLongo, AVP

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brandon Pollock	8517 Hawks Gully Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Marianella D. Spradlin	18801 N Dale Mabry Highway, Suite 119	<input type="checkbox"/> Add
		Lutz Florida 33548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 20 2022

Signature of a member or authorized representative of a member

Marianella D. Spradlin

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2022

BLANIVA PIENE  
38 MONTVALE AVENUE  
SUITE 210  
STONEHAM, MA 02180

SUBJECT: CORPDOCUMENTS, LLC  
Ref. Number: L07000023868

We have received your document for CORPDOCUMENTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 422A00003978

**\*\*\*REQUIRED PAGE BREAK\*\*\***

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## **SUBSECTION 4.3.2**

PROVIDE A COPY OF A CURRENT, VALID  
CERTIFICATE OF REGISTRATION ISSUED TO THE  
APPLICANT BY THE FLORIDA DEPARTMENT OF  
AGRICULTURE & CONSUMER SERVICES (DACS)  
PURSUANT TO SECTION 581.131, F.S.





SUBSECTION 4.3.2

**DACS DOCUMENTATION**

**Subsection 4.3.2 – DACS Documentation**

**Provide a copy of a current, valid certificate of registration issued to the applicant by the Florida Department of Agriculture & Consumer Services (DACS) pursuant to section 581.131, F.S. The applicant, as listed in Form 1, must be the same entity or natural person appearing on the DACS certificate of registration. If the name of the applicant does not match the name appearing on the DACS certificate of registration, you must submit documentation establishing that the applicant and person or entity named on the DACS certificate are in fact the same.**

Theory Wellness of Florida LLC (Applicant) has included in this response, two documents, both under Applicant's name. The first is the Certificate of Nursery Registration (Exhibit A), and the second is our Certificate of Inspection (Exhibit B).

Florida Department of Agriculture and Consumer Services

**CERTIFICATE OF NURSERY REGISTRATION**

Section 581.131, F.S. and Rule 5B-2.002, F.A.C  
1911 S.W. 34th St. P.O. Box 147100, Gainesville, FL 32614-7100 (352) 395-4700

**COMMISSIONER**  
**WILTON SIMPSON**

**ISSUED TO:**

**THEORY WELLNESS OF FLORIDA, LLC**  
**POLLOCK, BRANDON**  
**38 MONTVALE AVE, #210**  
**STONEHAM, MA 02180**

**THIS CERTIFICATE EXPIRES: 04/14/2024****FEE PAID: \$35.00****REGISTRATION NO.: 48030837****DATE ISSUED: 04/14/2023**

THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.

THIS CERTIFICATE OF REGISTRATION MUST BE DISPLAYED or in the immediate possession of any person engaged in the sale or distribution of nursery stock.

DIVISION OF PLANT INDUSTRY  
(352) 395-4700



POST OFFICE BOX 147100  
GAINESVILLE, FLORIDA 32614-7100

1911 S.W. 34TH STREET  
GAINESVILLE, FLORIDA 32608

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER WILTON SIMPSON

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April 11, 2023

Theory Wellness of Florida, LLC  
38 Montvale Avenue, #210  
Stoneham, MA 02180

(845) 661-4866  
[brandon@theorywellness.org](mailto:brandon@theorywellness.org)

The signature of the Chief Plant Inspector affixed here-on authorizes the use of and reproduction of the Certificate of Inspection image as indicated **inside the box** below. **Certificates of Inspection must be worded exactly as illustrated inside the box below** and may be reproduced in any size providing they are legible. Authorization for the use of and reproduction of this image maybe revoked by the Florida Department of Agriculture and Consumer Services – Division of Plant Industry (FDACS-DPI) at any time, for non-compliance.

**This Certificate of Inspection is valid for one (1) year.**

STATE OF FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES 1911 S.W. 34th St./ P.O. Box 147100, Gainesville, FL 32614-7100  <b>GENERAL NURSERY STOCK INSPECTION CERTIFICATE</b> Registration Number <u>48030837</u> Section 581.031(21), F.S.  <b>THEORY WELLNESS OF FLORIDA, LLC</b>  This is to certify that this nursery stock has been visually inspected for plant pests and meets at least the minimum requirements of Chapter 581, Florida Statutes.  FDACS-08011, Revised 10/08  <b>LIVE PLANT - NO DELAY</b>
--

Under Florida Statutes 581.211 and Rule 5B-2.004 - Use of certificates of inspection:  
Firms shall not use any certificate of inspection for movement of nursery stock other than that certified by the division. All certificates issued or authorized by the division shall remain the property of the division. Misuse of any kind, as stipulated in Rule 5B of the Florida statutes may result in revocation of the use of the certificate of inspection. Any alteration of the image is prohibited other than authorized by the division.

Tyson Emery, Chief Plant Inspector

DISTRIBUTION: Original-Printer, Copies-Grower/Shipper, DPS, File

\*\*\*REQUIRED PAGE BREAK\*\*\*

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## SUBSECTION 4.3.3

LEVEL 2 SCREENING



**SECTION 4.3.3****LEVEL 2 BACKGROUND SCREENING****Subsection 4.3.3 – Level 2 Background Screening**

**PART 1: Applicants must provide the following information in Subsection 4.3.3 of their applications:**

- 1. A complete list of the applicant's owners and managers with the following:**
  - a. The individual's name;**
  - b. Whether the individual is an owner or manager;**
  - c. The individual's email address;**
  - d. The individual's physical mailing address; and**
  - e. The TCN number assigned to the individual by the Livescan Service Provider.**

Please see below for the required information in the format requested:

### SECTION 4.3.3

#### LEVEL 2 BACKGROUND SCREENING

### SECTION 4.3.3

#### LEVEL 2 BACKGROUND SCREENING

### SECTION 4.3.3

#### LEVEL 2 BACKGROUND SCREENING

**PART 2: Applicants must provide a completed Form 2 (Waiver Agreement and Statement) executed by each owner and manager.**



### SECTION 4.3.3

#### LEVEL 2 BACKGROUND SCREENING

## EXHIBIT A

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

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**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.4.1**

DESCRIBE YOUR PLAN FOR CULTIVATING  
MARIJUANA IN ACCORDANCE WITH THE  
REQUIREMENTS OF SECTION 381.986(8), F.S. AND  
DEPARTMENT RULES.



SUBSECTION 4.4.1  
CULTIVATION PLAN

SUBSECTION 4.4.1  
CULTIVATION PLAN

SUBSECTION 4.4.1  
CULTIVATION PLAN

SUBSECTION 4.4.1  
**CULTIVATION PLAN**



SUBSECTION 4.4.1  
CULTIVATION PLAN

**The amount of marijuana you reasonably expect to cultivate on an annual basis:**

SUBSECTION 4.4.1  
**CULTIVATION PLAN**

**How the amount of marijuana you expect to cultivate will adequately supply dispensing...;**

SUBSECTION 4.4.1  
CULTIVATION PLAN

**Any additives, pesticides, fungicides, and herbicides you will use for the cultivation...;**

**Plan for inspecting seeds and growing plants for plant pests that endanger or threaten...;**

SUBSECTION 4.4.1  
**CULTIVATION PLAN**

**Plan for tracking marijuana plants within a harvest, including your seed-to-sale tracking...;**

SUBSECTION 4.4.1  
CULTIVATION PLAN

**Plan for the fumigation or treatment of plants and the removal and destruction of infested  
or infected plants:**

SUBSECTION 4.4.1  
**CULTIVATION PLAN**

**Methods of ensuring cultivation facilities and practices comply with federal and state regulations regarding sanitation and waste disposal...;**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.4.2**

DESCRIBE THE AREAS AND  
INFRASTRUCTURE PROPOSED FOR THE  
CULTIVATION OF MARIJUANA AND  
EXPLAIN HOW THAT INFRASTRUCTURE  
WILL BE SUFFICIENT TO EXECUTE YOUR  
CULTIVATION PLAN.



SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

**Your proposed cultivation facility(ies):**



SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

## SUBSECTION 4.2.2

### CULTIVATION INFRASTRUCTURE

**The cultivation environment (e.g., indoor greenhouse, clean room, etc.):**

SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

**Facility odor mitigation:**

**Cultivation systems (e.g., lighting, nutrient dispersal, data collection, power):**

SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

**Irrigation systems and access to water resources that ensure sufficient irrigation;**

SUBSECTION 4.2.2  
**CULTIVATION INFRASTRUCTURE**

**Environmental control systems;**

**Backup plans for all systems identified:**

\*\*\*REQUIRED PAGE BREAK\*\*\*

## SUBSECTION 4.4.3

WITH RESPECT TO THE CULTIVATION  
INFRASTRUCTURE DESCRIBED IN RESPONSE TO  
SUBSECTION 4.4.2, IDENTIFY THE CULTIVATION  
INFRASTRUCTURE YOU HAVE ALREADY  
SECURED AND THE CULTIVATION  
INFRASTRUCTURE YOU INTEND TO SECURE UPON  
LICENSURE.



SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**

**The cultivation facility(ies), systems, and infrastructure that you have secured, if any, as of the date of submission of the application:**



SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**

SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**

**The cultivation facility(ies), systems, and infrastructure you have not yet secured, but intend to secure upon licensure, and your plan for securing such infrastructure, including your timeline or schedule, and any assumptions upon which the schedule is based;**

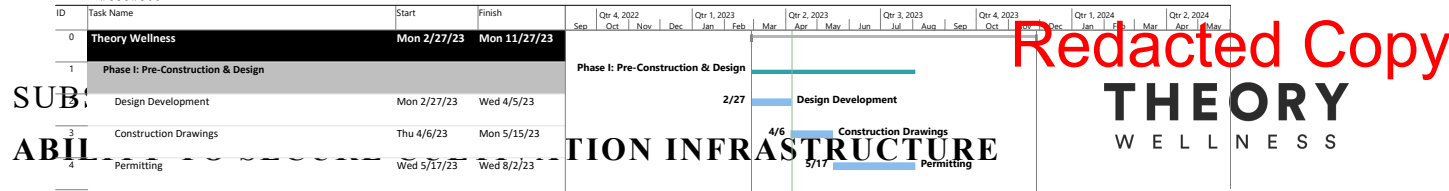
SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**

**Your timeframe for obtaining cultivation authorization from the Department, as required by the Department's MMTC Authorization Procedures Rule. Your cultivation timeframe should estimate the number of days post-licensure in which you will request cultivation authorization from the Department;**

SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**



**Identify any assumptions upon which your cultivation authorization timeframe is based and describe the bases for those assumptions.**

SUBSECTION 4.4.3

**ABILITY TO SECURE CULTIVATION INFRASTRUCTURE**

**Conclusion**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.5.1**

DESCRIBE YOUR PLAN FOR PROCESSING  
MARIJUANA IN ACCORDANCE WITH THE  
REQUIREMENTS OF SECTION 381.986(8),  
F.S. AND DEPARTMENT RULES.



SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Methods of extraction, including extraction techniques and processes:**



SUBSECTION 4.5.1  
**PROCESSING PLAN**

**The solvents and gases you intend to use for processing marijuana and methods for handling solvents and gases...:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Methods and processes for ensuring Final Product, as defined in the Department's CMTL**

**Definitions Rule, does not exceed the enumerated Acceptable Limits...:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Record maintenance for all testing and samples of each Retail Batch, as defined in the Department's CMTL Definitions Rule:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Procedures for the treatment of marijuana or Final Product that fails to meet the testing...:**

**Quality assurance program to track contamination incidents and document identified causes of such incidents and corrective action(s) taken:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Ability of each proposed processing facility to pass a Food Safety Good Manufacturing**

**Practices inspection:**

**The nationally accredited certifying body you intend to use for the Food Safety Good**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Manufacturing Practices inspection and how you intend to meet its guidelines/standards:**

**Plan for packaging and labeling of usable products:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Methods of ensuring processing facilities and practices comply with federal and state regulations regarding sanitation and waste disposal, including the Rule 64-4.207, F.A.C.:**

**If pre-rolled marijuana cigarettes are included in your product offerings, a description of the wrapping paper you intend to use for the cigarettes:**

SUBSECTION 4.5.1  
**PROCESSING PLAN**

**The processing plan must also describe your: Ability to obtain a food establishment permit pursuant to Chapter 500, F.S. and Chapter 5K-11, F.A.C...:**

**Methods of ensuring compliance with all requirements for food establishment permits pursuant to Chapter 500, F.S. and Chapter 5K-11, F.A.C.:**

**Control systems to regulate the milligrams of THC in each edible and maintain potency variances of no greater than 15 percent as provided in section 381.986(8)(e)8., F.S.:**



SUBSECTION 4.5.1  
**PROCESSING PLAN**

**Compliance with the requirements of the Department's Standards for Production of**

**Edibles Rule:**

\*\*\*REQUIRED PAGE BREAK\*\*\*

## SUBSECTION 4.5.2

DESCRIBE THE AREAS AND INFRASTRUCTURE  
PROPOSED FOR THE PROCESSING OF  
MARIJUANA AND EXPLAIN HOW THAT  
INFRASTRUCTURE WILL BE SUFFICIENT TO  
EXECUTE YOUR PROCESSING PLAN.



**Your proposed processing facility(ies):**

**Proposed processing areas within the facility(ies):**

SUBSECTION 4.5.2  
**PROCESSING INFRASTRUCTURE**

SUBSECTION 4.5.2

**PROCESSING INFRASTRUCTURE**

**Extraction equipment and location:**

SUBSECTION 4.5.2  
**PROCESSING INFRASTRUCTURE**

**Concentration equipment and location:**

**Analytical equipment, including separators and detectors, and location:**

**Safety equipment, facilities and location:**

SUBSECTION 4.5.2

**PROCESSING INFRASTRUCTURE**

**Access to sufficient potable water and hot water:**

**Odor mitigation:**

## SUBSECTION 4.5.2

### **PROCESSING INFRASTRUCTURE**

**Processing systems (e.g., data collection, power, packaging and labeling):**

**Computer systems and software:**



SUBSECTION 4.5.2

**PROCESSING INFRASTRUCTURE**

**Ventilation and exhaust system(s):**

**Back-up plans for all identified systems:**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.5.3**

WITH RESPECT TO THE PROCESSING  
INFRASTRUCTURE DESCRIBED IN RESPONSE TO  
SUBSECTION 4.5.2, IDENTIFY THE PROCESSING  
INFRASTRUCTURE YOU HAVE ALREADY SECURED  
AND THE PROCESSING INFRASTRUCTURE YOU  
INTEND TO SECURE UPON LICENSURE.



SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

**The processing facilities, systems, and infrastructure that you have secured...:**

## SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

**The processing facilities, systems, and infrastructure you have not yet secured... including your timeline or schedule, and any assumptions upon which the schedule is based:**

SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

**Your timeframe for obtaining processing authorization from the Department...;**

SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**



## SUBSECTION 4.5.3

**ABILITY TO SECURE PROCESSING INFRASTRUCTURE**

**Identify any assumptions upon which your processing authorization timeframe is based,  
and describe the bases for those assumptions:**

\*\*\*REQUIRED PAGE BREAK\*\*\*

## SUBSECTION 4.6.1

DESCRIBE YOUR PLAN FOR DISPENSING  
MARIJUANA IN ACCORDANCE WITH THE  
REQUIREMENTS OF SECTION 381.986(8),  
F.S., AND DEPARTMENT RULES.



SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Product offering, including a list of all usable products...;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Number of proposed dispensing facilities (meaning dispensing premises) and ability to consistently maintain an adequate supply of usable product...;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Hours of operation at each intended dispensing facility;**

**Delivery methods, including the extent to which you will offer home delivery services;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Patient education concerning safe use, legal use, safe storage, and accidental ingestion of marijuana.**



SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Plan to maintain confidentiality of patients' medical conditions, health status, and purchases of marijuana;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Plan to document and investigate patients' complaints and reports of adverse incidents;**

**Method for ensuring that all qualified patients and caregivers have an active profile...;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**Method for tracking the dispensation of marijuana to qualified patients/caregivers...;**

**Method for ensuring all usable products and marijuana delivery devices are dispensed in  
accordance with section 381.986(8)(e)16., F.S.;**

SUBSECTION 4.6.1  
**DISPENSING PLAN**

**How you will ensure your dispensing of edibles complies with the Department's Standards for Production of Edibles Rule.**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.6.2**

DESCRIBE THE AREAS AND  
INFRASTRUCTURE PROPOSED FOR  
DISPENSING MARIJUANA AND EXPLAIN  
HOW THAT INFRASTRUCTURE WILL BE  
SUFFICIENT TO EXECUTE YOUR  
DISPENSING PLAN



SUBSECTION 4.6.2  
**DISPENSING INFRASTRUCTURE**

**Your proposed dispensing facility(ies), including physical address(es):**

SUBSECTION 4.6.2  
**DISPENSING INFRASTRUCTURE**

**The accessibility of your proposed dispensing facilities...:**

SUBSECTION 4.6.2

**DISPENSING INFRASTRUCTURE**



SUBSECTION 4.6.2

**DISPENSING INFRASTRUCTURE**

SUBSECTION 4.6.2

**DISPENSING INFRASTRUCTURE**

SUBSECTION 4.6.2

**DISPENSING INFRASTRUCTURE**

**Computer network systems, including measures to secure electronic data...:**

SUBSECTION 4.6.2  
**DISPENSING INFRASTRUCTURE**

**Your vehicles for transporting marijuana:**

**Systems for communicating with persons transporting marijuana.**

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## SUBSECTION 4.6.2 - **ADDENDUM**

TABLE OF CONTENTS TO SUBSECTION  
4.6.2 ADDENDUM



SUBSECTION 4.6.2 - ADDENDUM  
**ADDENDUM TABLE OF CONTENTS**

**In addition to your narrative response, supply as an addendum the floorplans of the actual or proposed building(s) where dispensing activities will occur, showing: (i) areas designated to protect patient privacy, including the provision of an appropriately-sized waiting area and at least one private patient consultation room; and (ii) areas designated for retail sales. The floorplans do not count against the page limit.**











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## **SUBSECTION 4.6.3**

WITH RESPECT TO THE DISPENSING  
INFRASTRUCTURE DESCRIBED IN  
RESPONSE TO SUBSECTION 4.6.2,  
IDENTIFY THE DISPENSING  
INFRASTRUCTURE YOU HAVE  
ALREADY SECURED AND THE  
DISPENSING INFRASTRUCTURE YOU  
INTEND TO SECURE UPON LICENSURE.



SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

**The dispensing facilities, systems, and infrastructure that you have secured, if any, as of the date of submission of the application:**

SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

**The dispensing facilities, systems, and infrastructure you have not yet secured, but intend to secure upon licensure...:**

SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

**Your timeframe for obtaining dispensing authorization...:**



SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

SUBSECTION 4.6.3

**ABILITY TO SECURE DISPENSING INFRASTRUCTURE**

**Identify any assumptions upon which your dispensing authorization timeframe is based...;**

**\*\*\*REQUIRED PAGE BREAK\*\***

## **SUBSECTION 4.7.1**

Describe your plan to ensure the safety and security  
of the premises where the cultivation, processing,  
storing, or dispensing of marijuana will occur.



SUBSECTION 4.7.1  
**PREMISES SECURITY**

**Manner of securely storing marijuana at each cultivation, processing, & dispensing facility:**

SUBSECTION 4.7.1  
**PREMISES SECURITY**

**Emergency management plan for securing marijuana during and after natural disasters:**

SUBSECTION 4.7.1  
**PREMISES SECURITY**

**The security alarm system(s) and video surveillance system(s) that you propose to use...:**

SUBSECTION 4.7.1  
**PREMISES SECURITY**

**Facility entry points, windows, skylights, and roof hatches:**

SUBSECTION 4.7.1  
**PREMISES SECURITY**

**Location of all security cameras and their field of view:**

**Location of alarm inputs, including any motion detectors, pressure switches, and duress,  
panic or hold-up alarms:**



SUBSECTION 4.7.1  
**PREMISES SECURITY**

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## **SUBSECTION 4.7.1 - ADDENDUM**

IN ADDITION TO YOUR NARRATIVE RESPONSE, SUPPLY AS AN ADDENDUM THE SCHEMATICS, OR FLOORPLANS, OF THE CULTIVATION, PROCESSING, AND DISPENSING FACILITIES IDENTIFIED IN SUBSECTIONS 4.4.2, 4.5.2, AND 4.6.2. THE FLOORPLANS, OR SCHEMATICS, SHOULD REFLECT THE LOCATIONS OF THE SUBJECTS LISTED ABOVE (FOR EXAMPLE, LOCATION OF ALL SECURITY CAMERAS). THE FLOORPLANS OR SCHEMATICS DO NOT COUNT AGAINST THE PAGE LIMIT.



SUBSECTION 4.7.1 - ADDENDUM  
**ADDENDUM TABLE OF CONTENTS**

**In addition to your narrative response, supply as an addendum the schematics, or floorplans, of the cultivation, processing, and dispensing facilities identified in Subsections 4.4.2, 4.5.2, and 4.6.2. The floorplans, or schematics, should reflect the locations of the subjects listed above (for example, location of all security cameras). The floorplans or schematics do not count against the page limit.**

SUBSECTION 4.7.1 - ADDENDUM  
**ADDENDUM TABLE OF CONTENTS**

SUBSECTION 4.7.1 - ADDENDUM  
**ADDENDUM TABLE OF CONTENTS**













































































































































































































































































































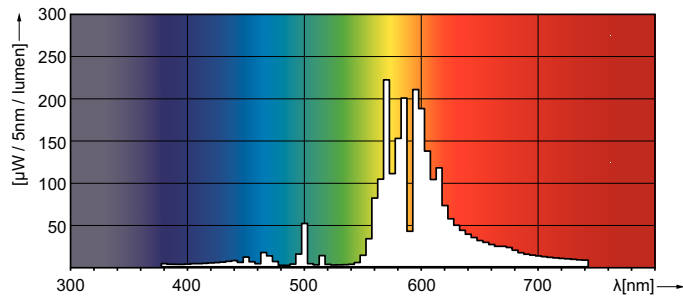






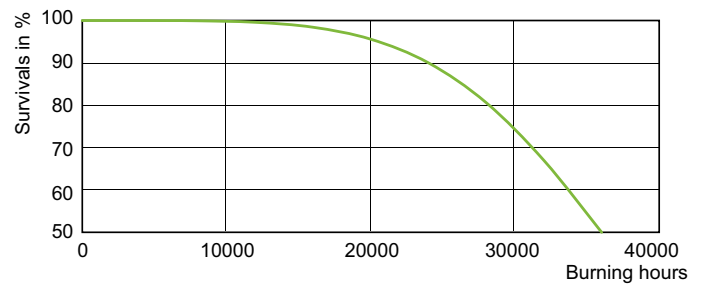
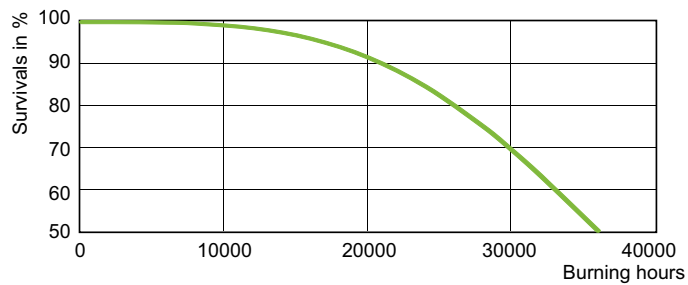
## MASTER SON-T PIA Plus

### Photometric data



MASTER SON-T PIA Plus 600W

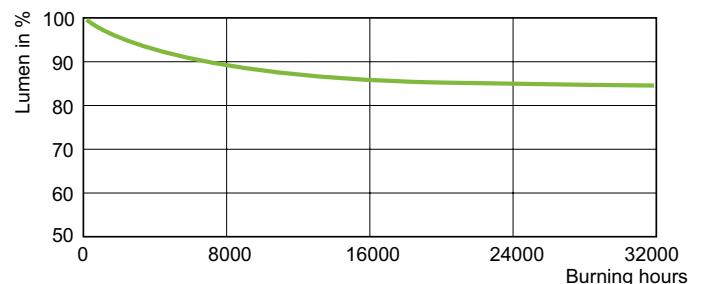
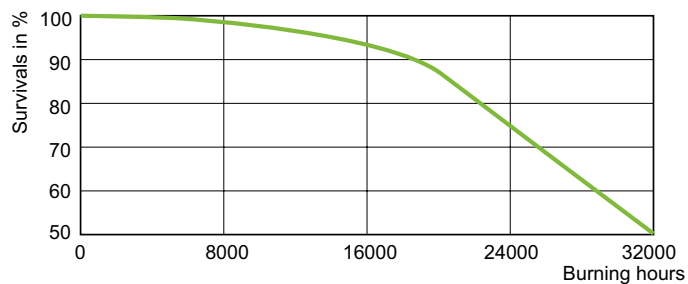
### Lifetime



## Exhibit 5A

MASTER SON-T PIA Plus 100 W, 150 W Life Expectancy E40

MASTER SON-T PIA Plus 150 W, 250 W, 400 W Life Expectancy E40



MASTER SON-T PIA Plus 600 W Life Expectancy

MASTER SON-T PIA Plus 600 W Lumen Maintenance



















































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## SUBSECTION 4.7.2

DESCRIBE YOUR PLAN FOR SECURING  
YOUR INFORMATION TECHNOLOGY  
SYSTEM AND INFRASTRUCTURE,  
INCLUDING HOW YOU INTEND TO SECURE  
THE PHYSICAL INFRASTRUCTURE AND  
HOW YOU INTEND TO SECURE AND  
PROTECT THE SYSTEM FROM OUTSIDE  
INTRUSION AND HACKING.



**Infrastructure Required**

**Plan to Physically Secure our IT Infrastructure**

SUBSECTION 4.7.2  
IT SECURITY



**Plan to secure and protect the system from outside intrusion and hacking:**

SUBSECTION 4.7.2  
IT SECURITY

## SUBSECTION 4.7.2

### IT SECURITY

#### **SOPs, Personnel Policies, and IT Security Training**

#### **Conclusion**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.7.3**

DIVERSION, UNLAWFUL ACCESS, AND  
TRANSPORTATION.



SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

**Prevention of Diversion**

SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

**Unlawful Access**

SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

**Secure Transportation**



SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

SUBSECTION 4.7.3

**DIVERSION, UNLAWFUL ACCESS, AND TRANSPORTATION**

**Additional Prevention of Diversion Measures**

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## **SUBSECTION 4.7.4**

DESCRIBE YOUR PLAN TO  
BACKGROUND SCREEN ALL OWNERS,  
MANAGERS, AND EMPLOYEES AND TO  
PROVIDE SAFETY AND SECURITY  
TRAINING TO SUCH PERSONS.



SUBSECTION 4.7.4

**PERSONNEL SCREENING AND TRAINING**

**Background screening procedures in compliance with Rule 64-4.208, F.A.C.**

SUBSECTION 4.7.4

**PERSONNEL SCREENING AND TRAINING**

**Manner of documenting background screening compliance to the Department.**

**Conflict resolution training.**

**Training for the proper handling of violent incidents and other emergencies.**

SUBSECTION 4.7.4

**PERSONNEL SCREENING AND TRAINING**

**Training to prevent unregistered individuals from purchasing medical marijuana.**

**Training personnel in the proper operation of an MMTC, including guidance to prevent the unlicensed practice of medicine and penalties for engaging in unlicensed activity.**

SUBSECTION 4.7.4

**PERSONNEL SCREENING AND TRAINING**

**Training for the proper documentation of medical marijuana transactions.**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.7.5**

DESCRIBE YOUR PLAN FOR THE RECALL OF ANY MARIJUANA OR USABLE PRODUCT THAT IS, OR MAY BE, UNSAFE FOR HUMAN CONSUMPTION (AS EVIDENCED BY TESTING RESULTS, PATIENT REACTIONS, OR OTHERWISE); FAILS TO MEET THE POTENCY REQUIREMENTS OF SECTION 381.986(8)(E)8., F.S.; OR FOR WHICH THE LABELING OF TETRAHYDROCANNABINOL AND CANNABIDIOL CONCENTRATION IS INACCURATE.





SUBSECTION 4.7.5  
**RECALLS**

**Reasons for Recalls.**

SUBSECTION 4.7.5  
**RECALLS**

**Plan for Recall.**

SUBSECTION 4.7.5  
**RECALLS**

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## **SUBSECTION 4.8.1**

Describe your experience, or that of your personnel (whether in Florida or another jurisdiction), cultivating, processing, dispensing, or securing marijuana.



SUBSECTION 4.8.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

**Overview of Theory Wellness and Key Personnel**

SUBSECTION 4.8.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

SUBSECTION 4.8.1

EXPERIENCE IN THE MARIJUANA INDUSTRY

SUBSECTION 4.8.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**



SUBSECTION 4.8.1

EXPERIENCE IN THE MARIJUANA INDUSTRY

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## **SUBSECTION 4.8.2**

DESCRIBE YOUR EXPERIENCE (REGARDLESS OF INDUSTRY OR TYPE), OR THAT OF YOUR PERSONNEL, WHICH DEMONSTRATES YOUR ABILITY TO IMPLEMENT THE PLANS DESCRIBED IN RESPONSE TO SUBSECTIONS 4.4.1, 4.5.1, 4.6.1, AND 4.7.1.



SUBSECTION 4.8.2

**OTHER RELEVANT EXPERIENCE**

SUBSECTION 4.8.2

**OTHER RELEVANT EXPERIENCE**

SUBSECTION 4.8.2

**OTHER RELEVANT EXPERIENCE**

SUBSECTION 4.8.2

**OTHER RELEVANT EXPERIENCE**

SUBSECTION 4.8.2

**OTHER RELEVANT EXPERIENCE**

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## SUBSECTION 4.8.3

DESCRIBE YOUR BUSINESS PLAN,  
INCLUDING EACH OF THE SPECIFIC  
STEPS YOU INTEND TO TAKE TO  
IMPLEMENT YOUR PROPOSED MMTC  
BUSINESS UPON LICENSURE BY THE  
DEPARTMENT.





SUBSECTION 4.8.3  
**BUSINESS PLAN**

**Step-by-step explanation of how you intend to move from licensure ...to fully operational...**

SUBSECTION 4.8.3  
**BUSINESS PLAN**

SUBSECTION 4.8.3  
**BUSINESS PLAN**

**Description of assumptions and bases for assumptions upon which estimates are provided.**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.8.4**

DISCLOSE AND DESCRIBE PRIOR ENFORCEMENT ACTION TAKEN AGAINST THE APPLICANT, OR THE APPLICANT'S OWNERS AND MANAGERS, WITHIN THE PAST 10 YEARS RELATING TO: (I) A DISPENSING ORGANIZATION OR MMTC LICENSE IN FLORIDA, (II) A MARIJUANA LICENSE IN ANOTHER JURISDICTION, AND (III) ANY OTHER BUSINESS OR OPERATIONAL LICENSE IN FLORIDA OR ANOTHER JURISDICTION.



SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**

SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**



SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**

SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**

SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**

SUBSECTION 4.8.4

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SUBSECTION 4.8.4

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SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**



SUBSECTION 4.8.4

**PRIOR ENFORCEMENT ACTION**

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## **SUBSECTION 4.9.1**

DESCRIBE YOUR MEDICAL DIRECTOR'S  
EXPERIENCE, IF ANY, RELATED TO PATIENT USE  
OF MEDICAL MARIJUANA, INCLUDING ANY  
PRIOR EMPLOYMENT BY AN ENTITY  
AUTHORIZED TO CULTIVATE, PROCESS, OR  
DISPENSE MARIJUANA IN FLORIDA OR OTHER  
JURISDICTION.



SUBSECTION 4.9.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

SUBSECTION 4.9.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

SUBSECTION 4.9.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

SUBSECTION 4.9.1

**EXPERIENCE IN THE MARIJUANA INDUSTRY**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.9.2**

DESCRIBE ANY OTHER RELEVANT  
EXPERIENCE THAT YOU BELIEVE  
DEMONSTRATES YOUR MEDICAL  
DIRECTOR'S ABILITY TO  
ADEQUATELY SUPERVISE THE  
ACTIVITIES OF THE MMTC.



SUBSECTION 4.9.2

**OTHER RELEVANT EXPERIENCE**

**Treatment of patients suffering from: cancer, epilepsy, glaucoma, positive status for human immunodeficiency status (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, or multiple sclerosis;**

**Treatment of patients suffering from terminal conditions;**

**Recognizing and treating drug dependency, abuse, and addiction;**



SUBSECTION 4.9.2

**OTHER RELEVANT EXPERIENCE**

**Diagnosing and treating substance use disorder;**

**Patient education;**

**Pharmaceutical formulations and dosage forms;**

**Experience dispensing medications;**

**Clinical trials or observational studies;**

**Analytical laboratory methods and quality control.**

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## **SUBSECTION 4.9.2 - ADDENDUM**

IN ADDITION TO YOUR NARRATIVE RESPONSE, SUPPLY AS AN ADDENDUM A COPY OF THE MEDICAL DIRECTOR'S RESUME OR CV. THE MEDICAL DIRECTOR'S RESUME OR CV DOES NOT COUNT AGAINST THE PAGE LIMIT.



SUBSECTION 4.12.3 - ADDENDUM

**BUDGET, INCOME STATEMENT & FINANCIALS**

**In addition to your narrative response, supply as an addendum a copy of the medical director's resume or CV. The medical director's resume or CV does not count against the page limit.**









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## **SUBSECTION 4.9.3**

DESCRIBE THE SCOPE OF THE MEDICAL DIRECTOR'S RESPONSIBILITIES, SUPERVISION, AND OVERSIGHT OVER THE ACTIVITIES OF THE LICENSED MMTC. IN ADDITION, DESCRIBE YOUR PLANS TO ENSURE THE MMTC HAS A MEDICAL DIRECTOR WITHOUT LAPSE (I.E., IF YOUR MEDICAL DIRECTOR UNEXPECTEDLY RESIGNS). LASTLY, PROVIDE AN EXPLANATION OF HOW YOUR MEDICAL DIRECTOR WILL STAY CURRENT AND UP TO DATE ON EMERGING SCIENCE AND BEST PRACTICES RELATED TO MEDICAL MARIJUANA TO ENSURE THE MMTC'S PRODUCTS ARE APPROPRIATE AND SAFE FOR QUALIFIED PATIENTS.





SUBSECTION 4.9.3  
**OVERSIGHT (MEDICAL DIRECTOR)**

**Responsibilities, supervision, and oversight over the activities of the licensed MMTC.**

SUBSECTION 4.9.3  
**OVERSIGHT (MEDICAL DIRECTOR)**

SUBSECTION 4.9.3  
**OVERSIGHT (MEDICAL DIRECTOR)**

**Describe your plans to ensure the MMTC has a medical director without lapse.**

**Provide an explanation of how your medical director will stay current ... to ensure the MMTC's products are appropriate and safe for qualified patients.**

SUBSECTION 4.9.3  
**OVERSIGHT (MEDICAL DIRECTOR)**

\*\*\*REQUIRED PAGE BREAK\*\*\*

## SUBSECTION 4.9.4

DESCRIBE YOUR PLAN FOR ENSURING  
THAT YOUR MEDICAL DIRECTOR DOES  
NOT ENGAGE IN BEHAVIOR THAT  
CREATES, OR MAY CREATE, A CONFLICT  
OF INTEREST WITH ORDERING  
PHYSICIANS, INCLUDING, BUT NOT  
LIMITED TO, KICKBACKS.



SUBSECTION 4.9.4

**MANAGING CONFLICTS OF INTEREST**

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## **SUBSECTION 4.9.5**

1) A completed Form 4 (Medical Director Acknowledgment) executed by the applicant's medical director; 2) A certificate demonstrating the medical director's successful completion of the 2- hour course for MMTC medical directors and the subsequent examination administered by the Florida Medical Association or the Florida Osteopathic Medical Association.



SUBSECTION 4.9.5

**MEDICAL DIRECTOR FORMS**

**Applicants must provide the following:**

**1. A completed Form 4 (Medical Director Acknowledgment) executed by the applicant's medical director; and**

**2. A certificate demonstrating the medical director's successful completion of the 2- hour course for MMTC medical directors and the subsequent examination administered by the Florida Medical Association or the Florida Osteopathic Medical Association. The Medical Director Acknowledgment and certificate of course completion will not be scored.**

**However, failure to include the completed Form 4 (Medical Director Acknowledgment) and certificate of course completion will result in denial of the application.**





**EXHIBIT B**

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## **SUBSECTION 4.10.1**

DESCRIBE THE ORGANIZATIONAL STRUCTURE OF YOUR PROPOSED MMTC; IDENTIFY THE PERSONS YOU DEEM AS NECESSARY TO THE IMPLEMENTATION OF YOUR CULTIVATION, PROCESSING, DISPENSING, AND SECURITY AND ACCOUNTABILITY PLANS; AND DESCRIBE THE QUALIFICATIONS OF THOSE PERSONS. PROVIDE THE NAMES OF THE PERSONS YOU HAVE ALREADY RETAINED TO FILL THE NECESSARY POSITIONS YOU IDENTIFIED, AND DESCRIBE EACH PERSON'S EDUCATION, RELEVANT EXPERIENCE, OR OTHER QUALIFICATIONS FOR THE POSITION;



SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1  
**PERSONNEL QUALIFICATIONS**

**Identify the positions you deem as necessary for the implementation of your cultivation, processing, dispensing, and security and accountability plans (Necessary Positions)**

**Describe the duties and responsibilities of the Necessary Positions you identified;**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

**Provide the names of the persons you have already retained to fill the Necessary Positions,  
and describe each person's education, relevant experience, or other qualifications;**



SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

SUBSECTION 4.10.1

**PERSONNEL QUALIFICATIONS**

**Describe your plan to secure personnel to fill the remaining Necessary Positions...:**

**In addition to your narrative response, supply as an addendum an organizational chart identifying Necessary Positions for your proposed MMTC.**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.10.1 - ADDENDUM**

IN ADDITION TO YOUR NARRATIVE RESPONSE, SUPPLY  
AS AN ADDENDUM AN ORGANIZATIONAL CHART  
IDENTIFYING NECESSARY POSITIONS FOR YOUR  
PROPOSED MMTc. THE ORGANIZATIONAL CHART  
DOES NOT COUNT AGAINST THE PAGE LIMIT.



SUBSECTION 4.10.1 - ADDENDUM  
**ADDENDUM TABLE OF CONTENTS**

**In addition to your narrative response, supply as an addendum an organizational chart identifying Necessary Positions for your proposed MMTC. The organizational chart does not count against the page limit.**































































































**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.10.2**

Describe your plan to implement and maintain an  
alcohol and drug-free workplace.



SUBSECTION 4.10.2  
**DRUG-FREE WORKPLACE**

**1. Creating and Maintaining a Robust Written Policy**

SUBSECTION 4.10.2  
**DRUG-FREE WORKPLACE**

**2. Training and Education**

**3. Reinforce Training through Continued Workplace Education**

**4. Provide Information for Employees to Get Help**

**5. Drug Testing**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.10.3**

DESCRIBE YOUR PLAN TO TRAIN  
EMPLOYEES CONCERNING  
COMPLIANCE WITH SECTION 381.986,  
F.S., AND DEPARTMENT RULES.



SUBSECTION 4.10.3  
**PERSONNEL TRAINING**

**Overview of Initial Training**

SUBSECTION 4.10.3  
**PERSONNEL TRAINING**

**Training Specific to Patient Confidentiality**

SUBSECTION 4.10.3  
**PERSONNEL TRAINING**

**Training Specific to Patient Education**

**Training on Collection of Patient Information and the Confidentiality of Such Information**

**Regulatory compliance, and legal requirements to dispense marijuana to qualified patients.**



SUBSECTION 4.10.3  
**PERSONNEL TRAINING**

SUBSECTION 4.10.3  
**PERSONNEL TRAINING**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.11.1**

DESCRIBE YOUR PLAN TO PROMOTE AND ENSURE THE INVOLVEMENT OF MINORITY PERSONS AND MINORITY BUSINESS ENTERPRISES, AS DEFINED IN SECTION 288.703, F.S., AND VETERAN BUSINESS ENTERPRISES, AS DEFINED IN SECTION 295.187, F.S., IN OWNERSHIP, MANAGEMENT, EMPLOYMENT, AND CONTRACTING.



SUBSECTION 4.11.1  
**DIVERSITY PLAN**

**How you will promote the involvement of minority persons...in operations of your MMTC:**

SUBSECTION 4.11.1

**DIVERSITY PLAN**

**Promoting the representation of minority persons and veterans in the MMTC's workforce:**

**The efforts you will undertake to recruit minority persons and veterans for employment:**

SUBSECTION 4.11.1  
**DIVERSITY PLAN**

**Plan to contract with minority business enterprises and veteran business enterprises:**

SUBSECTION 4.11.1  
**DIVERSITY PLAN**

**The specific goals, programs, and metrics you will use once licensed as an MMTC such that....you will be able to demonstrate the effectiveness of your diversity plan...:**

**\*\*\*REQUIRED PAGE BREAK\*\*\***

## **SUBSECTION 4.11.2**

DESCRIBE HOW YOU INTEND TO  
IMPLEMENT YOUR PROPOSED  
DIVERSITY PLAN AND IDENTIFY THE  
STEPS YOU HAVE TAKEN, IF ANY, TO  
IMPLEMENT THE PLAN.





**Current representation of minority persons and veterans in our workforce:**

SUBSECTION 4.11.2  
IMPLEMENTATION OF DIVERSITY PLAN

**Current efforts undertaken to recruit minority persons and veterans for employment:**

SUBSECTION 4.11.2  
**IMPLEMENTATION OF DIVERSITY PLAN**

**Existing involvement with minority and veteran business enterprises:**

SUBSECTION 4.11.2

**IMPLEMENTATION OF DIVERSITY PLAN**

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## SUBSECTION 4.12.1

Provide annual certified financial statements for the applicant's most recent fiscal year. Certified financial statements must 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, licensed pursuant to Chapter 473, F.S., or licensed by another state.



**SUBSECTION 4.12.1 - ADDENDUM**  
**CERTIFIED FINANCIAL STATEMENTS**

**Provide annual certified financial statements for the applicant's most recent fiscal year.**

**Certified financial statements must 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, licensed pursuant to Chapter 473, F.S., or licensed by another state.**

**The certified financial statements included in this Subsection must be of the applicant itself, as listed in Form 1.**



















































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## **SUBSECTION 4.12.2**

DESCRIBE HOW YOU WILL OBTAIN THE  
FUNDING NEEDED TO IMPLEMENT THE  
CULTIVATION, PROCESSING, DISPENSING,  
AND SECURITY AND ACCOUNTABILITY  
PLANS YOU DESCRIBED IN RESPONSE TO  
SECTION 4.4, 4.5, 4.6, AND 4.7.



SUBSECTION 4.12.2  
**AVAILABLE FUNDING**

SUBSECTION 4.12.2  
**AVAILABLE FUNDING**

SUBSECTION 4.12.2  
**AVAILABLE FUNDING**



SUBSECTION 4.12.2  
**AVAILABLE FUNDING**

SUBSECTION 4.12.2  
**AVAILABLE FUNDING**

SUBSECTION 4.12.2  
**AVAILABLE FUNDING**

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## SUBSECTION 4.12.2 - **ADDENDUM**

TABLE OF CONTENTS TO SUBSECTION  
4.12.2 ADDENDUM



SUBSECTION 4.12.2 - ADDENDUM  
ADDENDUM TABLE OF CONTENTS



**In addition to your narrative response, supply as an addendum:**

**1 - Documentation evidencing your ability to provide the financial assurance, as described in section 381.986(8)(b)7., F.S., and the Department's MMTC Financial Assurance rule;**

**2 - Documentation evidencing the availability and commitment of the dedicated funds identified in your narrative response.**







































































































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## **SUBSECTION 4.12.3**

DESCRIBE YOUR PROJECTED  
FINANCIAL BUDGET FOR THE FIRST  
TWO YEARS AFTER LICENSURE,  
INCLUDING HOW THE PROJECTED  
BUDGET IS CONSISTENT WITH YOUR  
PLANS DESCRIBED IN RESPONSE TO  
SECTIONS 4.4, 4.5, 4.6, AND 4.7.



SUBSECTION 4.12.3  
**PROJECTED BUDGET**

**Part 1: Retail Demand (Revenues):**

SUBSECTION 4.12.3  
**PROJECTED BUDGET**

**Part 2: Production Demand:**

**Part 3: Operational Costs**

SUBSECTION 4.12.3  
**PROJECTED BUDGET**

**Part 4: Capital Expenses (CapEx)**

SUBSECTION 4.12.3  
**PROJECTED BUDGET**

**Part 5: Summarized Financials & Takeaways.**

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## **SUBSECTION 4.12.3 - ADDENDUM**

IN ADDITION TO YOUR NARRATIVE RESPONSE, SUPPLY AS AN ADDENDUM A PROJECTED TWO-YEAR OPERATING BUDGET FOR THE PROPOSED MMTC AND PROJECTED INCOME STATEMENTS FOR THE FIRST TWO YEARS AFTER LICENSURE IN CHART FORMAT. THIS DOCUMENTATION DOES NOT COUNT AGAINST THE PAGE LIMIT.





## SUBSECTION 4.12.3 - ADDENDUM

**BUDGET, INCOME STATEMENT & FINANCIALS**

**In addition to your narrative response, supply as an addendum a projected two-year operating budget for the proposed MMTC and projected income statements for the first two years after licensure in chart format. This documentation does not count against the page limit.**

SUBSECTION 4.12.3 - ADDENDUM  
**BUDGET, INCOME STATEMENT & FINANCIALS**



























































































































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## **SUBSECTION 4.13.1**

OWNERSHIP INFORMATION FOR  
INDIVIDUAL (NATURAL PERSON)  
APPLICANTS



SUBSECTION 4.13.1

**OWNERSHIP INFO. FOR INDIVIDUAL APPLICANTS**

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## **SUBSECTION 4.13.2**

OWNERSHIP INFORMATION FOR  
ENTITY APPLICANTS



SUBSECTION 4.13.2

**OWNERSHIP INFORMATION FOR ENTITY APPLICANTS**

**If the applicant is an entity, provide the following documents and information, where applicable:**

**a. Full names of managing partner and all other partner(s);**

**b. Percentage of ownership interests in partnership;**

**c. Business/corporate address(es);**

- d. Taxpayer identification number;**
- e. Partnership agreements, joint venture documents, operating agreements, shareholder agreements, and buy/sell agreements, if any.**















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## SUBSECTION 4.13.3

CAPITALIZATION TABLES, CHANGE  
OF CONTROL, AND RELATED ENTITIES



SUBSECTION 4.13.3  
**CAPITALIZATION TABLES, ECT.**

**Subsection 4.13.3 – Capitalization Tables, Change of Control, and Related Entities**  
**(requested documents and information only)** All applicants must provide sufficient documentation to the Department to provide assurance that the applicant seeking licensure as an MMTC is in compliance with sections 381.986(8)(b) and 381.986(8)(e)2., F.S. To this end, entity applicants and natural person applicants with ownership attributable to an entity must, in addition to the information requested in Subsections 4.13.1 and 4.13.2, also provide the following:

**PART A:** A fully diluted capitalization table listing all share types and the aggregate sum of shares associated with or flowing to any natural persons, whether considered owners or investors. In addition, identify the natural person owners and natural person beneficiaries of all entities listed on the capitalization table. In addition, for purposes of ownership attribution, please provide the nature of the familial relationship, if any, between the natural person owners and natural person beneficiaries identified on the capitalization table. See the Department’s Definitions Rule for the applicable definitions and attribution of ownership.

**PART B: If the applicant or an owner of the applicant is a publicly traded corporation, the capitalization table must: i. List all share types and aggregate sum of shares associated to any officers and directors; ii. List the share types and aggregate sum of shares associated to any investor who acquired shares during the issuance of a private placement offering or any other type of offering in which shares were acquired by pre-selected investors and institutions (private equity investors), as opposed to shares acquired on the open market by public investors; and iii. List the share types and aggregate sum of shares associated to the**

SUBSECTION 4.13.3

**CAPITALIZATION TABLES, ECT.**

**entirety of public investors (“shares held in public float”), as opposed to company officers, directors, private equity investors, or any other shareholder considered an owner.**

**PART C: All agreements concerning control of the applicant, or change of control (if any), including changes to management, owners, partners, or investors, regardless of whether the change is contingent or vested; and**

**PART D: Identify all entities related to the applicant (if any), including parent companies, subsidiary companies, sister companies, and any other affiliated companies and provide all documents of these related entities that pertain to the ownership or control of applicant.**

SUBSECTION 4.13.3  
CAPITALIZATION TABLES, ECT.





























































































































































































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## SECTION 4.14

Applicant Acknowledgement







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## **SECTION 4.15**

Citrus Preference Documentation



SECTION 4.15  
CITRUS PREFERENCE DOCUMENTATION



**\*\*\*REQUIRED PAGE BREAK\*\*\***

# SECTION 4.16

*Pigford/BFL Application Fee Transfer Request*



