



**Application for Medical
Marijuana Treatment Center
(MMTC) Licensure**

< Section 4.1 >

Applicant Information



FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
STAR BUDS FLORIDA LLC				
Mailing Address				
625 Grand Boulevard				
City	Apt/Ste #	State	ZIP Code	Country
Miramar Beach	Suite 212	Florida	32550	United States

Contact Information		
First Name	Last Name	Middle Initial
Sandra	Young	P
Telephone Number	Designated Email (for Department/Applicant Communications)	
225-938-5005	starbudsflorida@gmail.com	

Medical Director Information		
First Name	Last Name	Middle Initial
Francis	Le	K
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME113189	704-299-9658	Hamextra@gmail.com

< Section 4.2 >

**Declaration of Exempt
Information**

DECLARATION OF EXEMPT INFORMATION

The Applicant has redacted information considered to be exempt from the provisions of chapter 119, Florida Statutes, in the redacted copy of his application. The following chart lists the application sections containing redactions, and the specific basis for claiming exemption as to such information.

Section	Basis for Redaction
4.3.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.4.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.4.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.4.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.5.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

4.5.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.5.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.6.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.6.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.6.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.6.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.7.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

4.7.1 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.7.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.7.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.7.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.7.5	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.8.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.8.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

4.8.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.8.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.9.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.9.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.9.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.9.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.9.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

4.10.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.10.1 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.10.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.10.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.11.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.11.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.12.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

4.12.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.12.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.12.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.12.3 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.13.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
4.13.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.

< Section 4.3 >

**Certificate of Registration, DACS
Documentation, and Background
Screening**

[Subsection 4.3.1]

Florida Business Registration

State of Florida

Department of State


I certify from the records of this office that STAR BUDS FLORIDA LLC is a limited liability company organized under the laws of the State of Florida, filed on November 10, 2014.

The document number of this limited liability company is L14000176458.

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 January 27, 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 Twenty-third day of April,
2023*




Secretary of State

Tracking Number: 6465158161CU

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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT 12 AM 10:11

Ameruna, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 11/10/2014 and assigned
Florida document number L14000176458

This amendment is submitted to amend the following:

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

Star Buds 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)

625 Grand Boulevard

Suite 212

Miramar Beach, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 Grand Boulevard

Suite 212

Miramar Beach, FL 32550

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:

Judd S. Jackson

New Registered Office Address:

625 Grand Boulevard, Suite 212

Enter Florida street address

Miramar Beach

City

Florida 32550

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Judd S. Jackson	625 Grand Boulevard, Suite 212	<input checked="" type="checkbox"/> Add
		Miramar Beach, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amy Lefkowitz	5127 Dorwin Place	<input type="checkbox"/> Add
		Orlando, FL 32814	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan Lefkowitz	5127 Dorwin Place	<input type="checkbox"/> Add
		Orlando, FL 32814	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 OCT 12 AM 10:11
STATIONER OFS, INC.
TALLAHASSEE, FL

2022 OCT 12 AM 10:11
SECRET
TALLAHASSEE, FL

ה
ה
ה
ה
ה

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 "business days after filing")

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 10/10/2022

~~Signature of a member or authorized representative of a member~~

Judd S. Jackson

Typed or printed name of signee

Filing Fee: \$25.00

[Subsection 4.3.2]

DACS Documentation

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:

STAR BUDS FLORIDA, LLC
SB OF FLORIDA I, LLC
625 GRAND BLVD STE 212
MIRAMAR BEACH, FL 32550-7888

THIS CERTIFICATE EXPIRES: 03/31/2024

FEE PAID: \$35.00

REGISTRATION NO.: 48030781

DATE ISSUED: 03/31/2023

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.

[Subsection 4.3.3]

Level 2 Background Screening

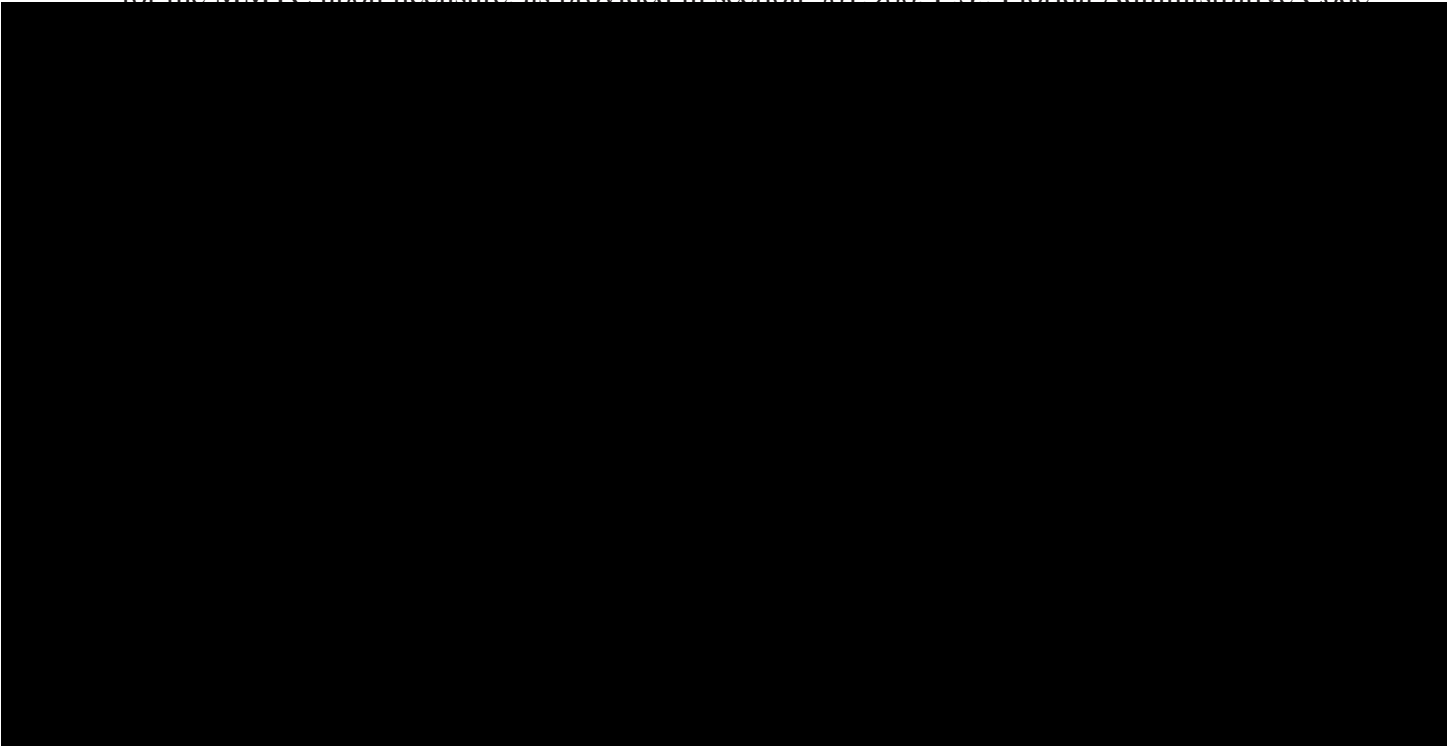


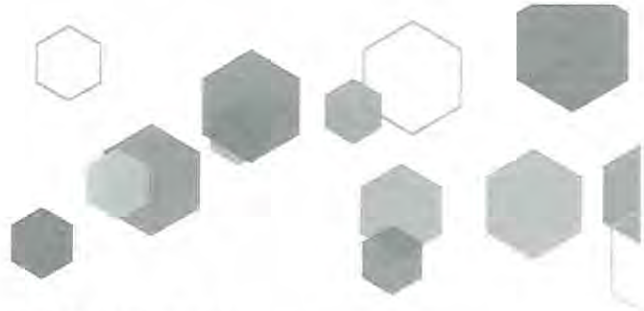
**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



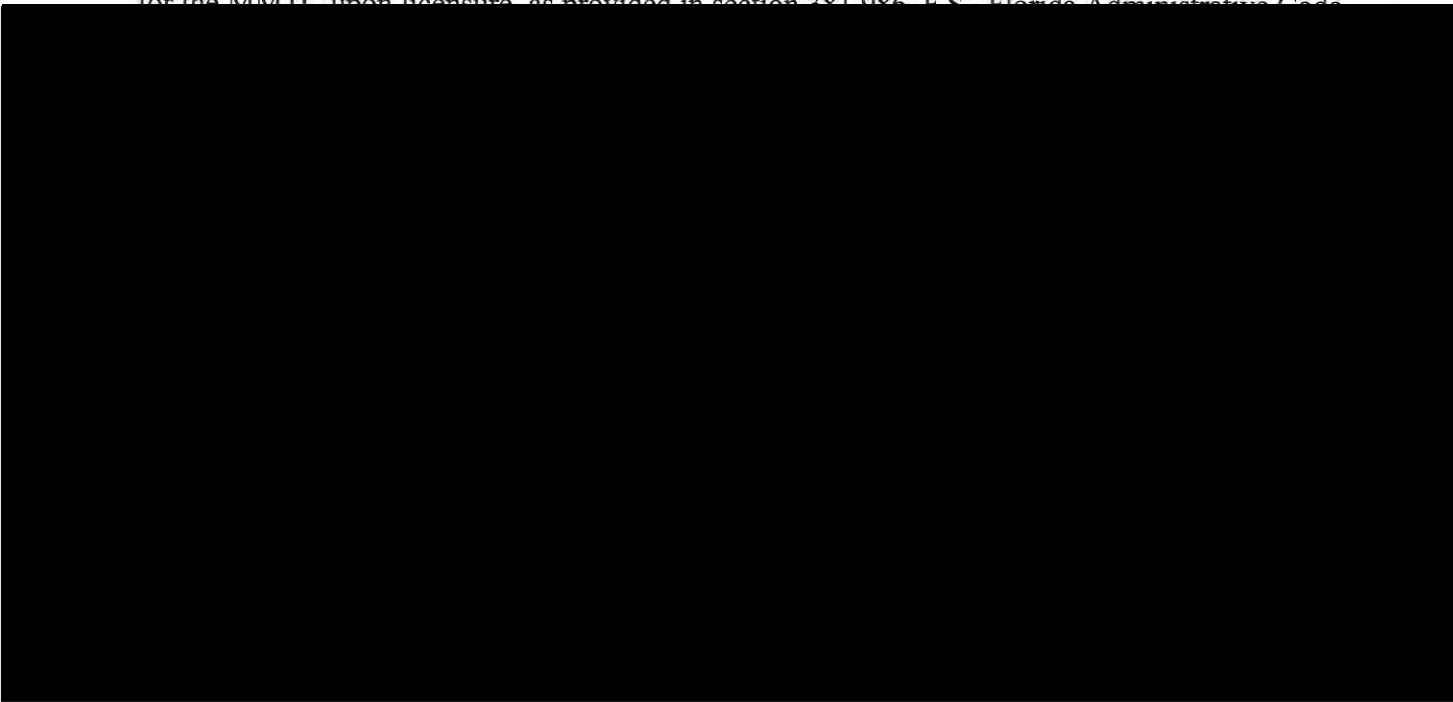


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 281.086, F.S., Florida Administrative Code



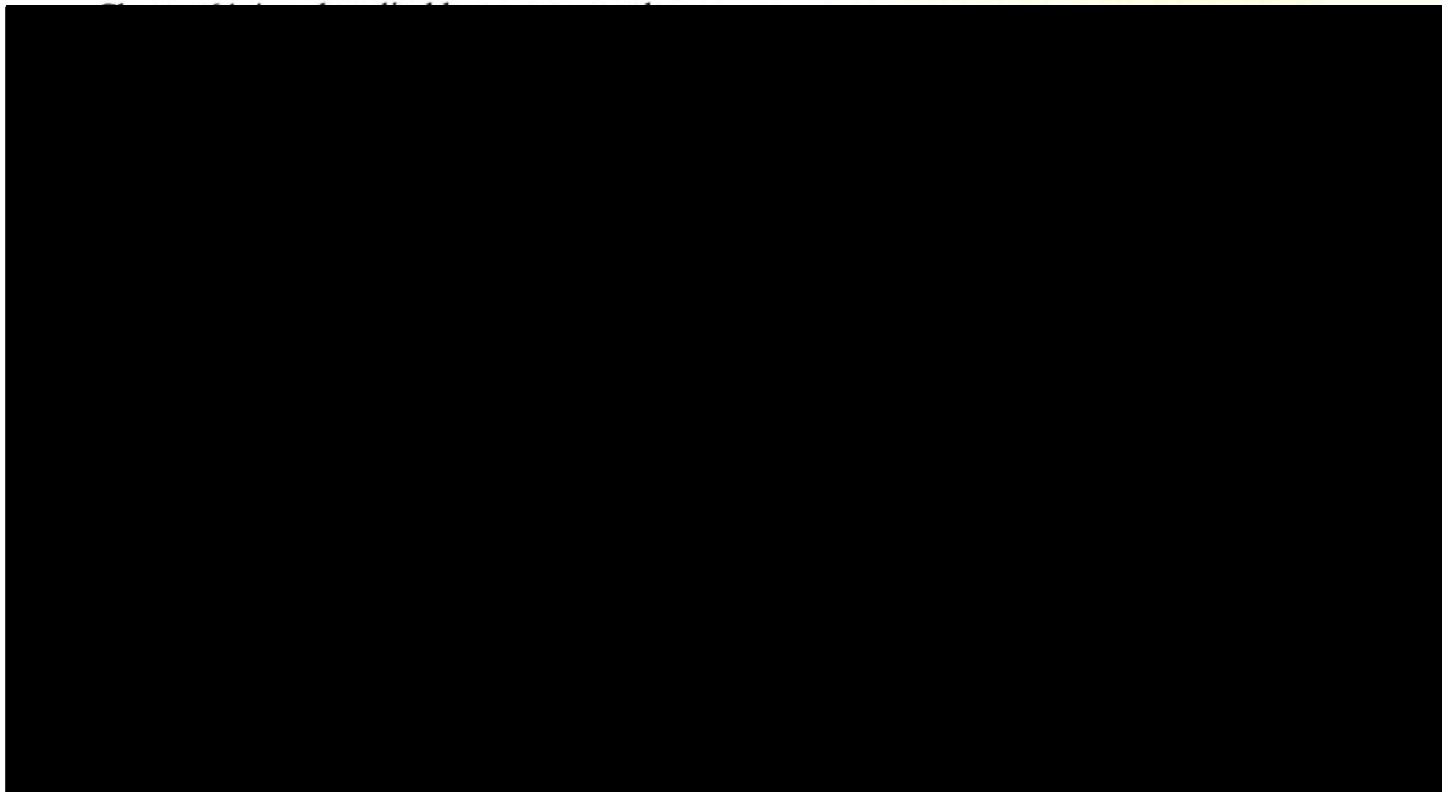


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



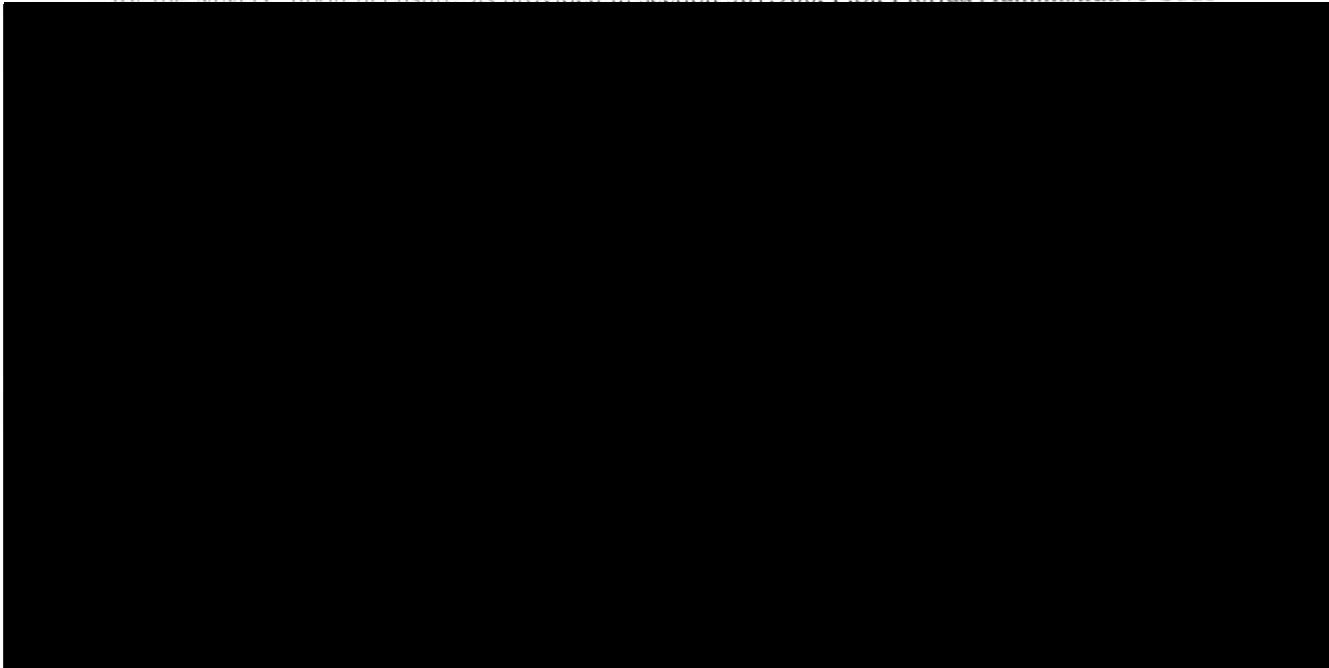


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



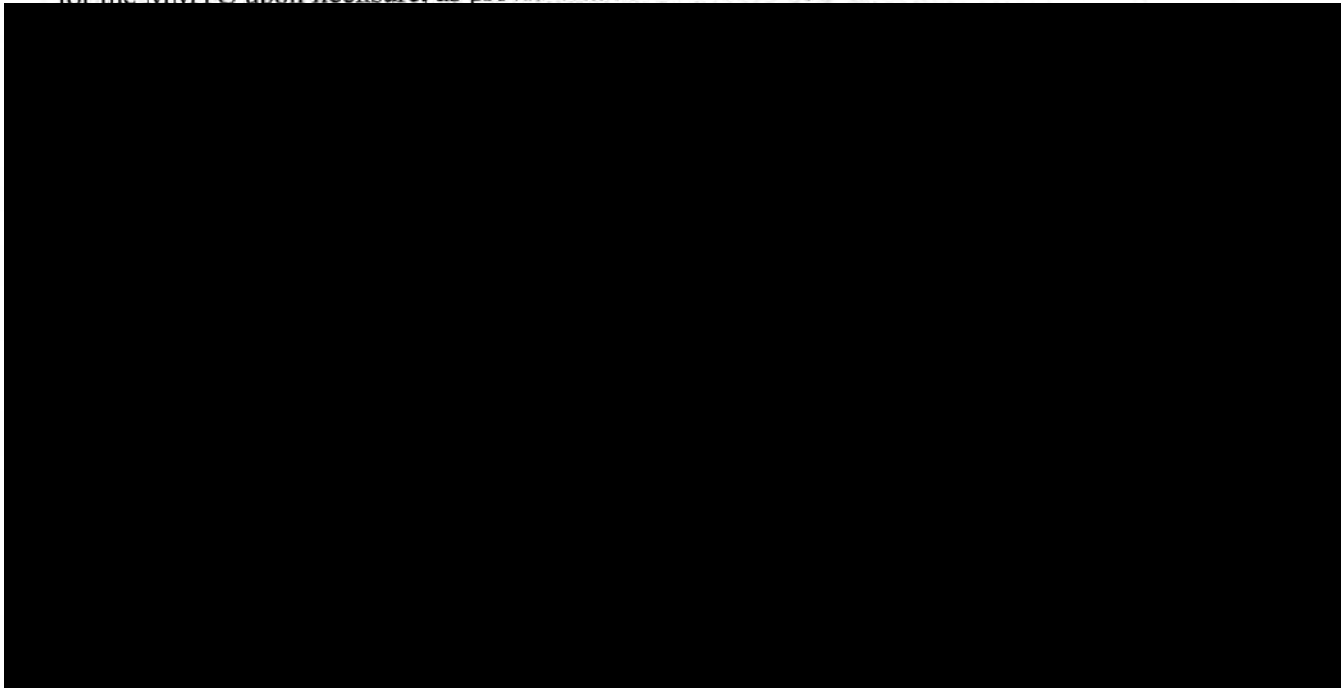


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



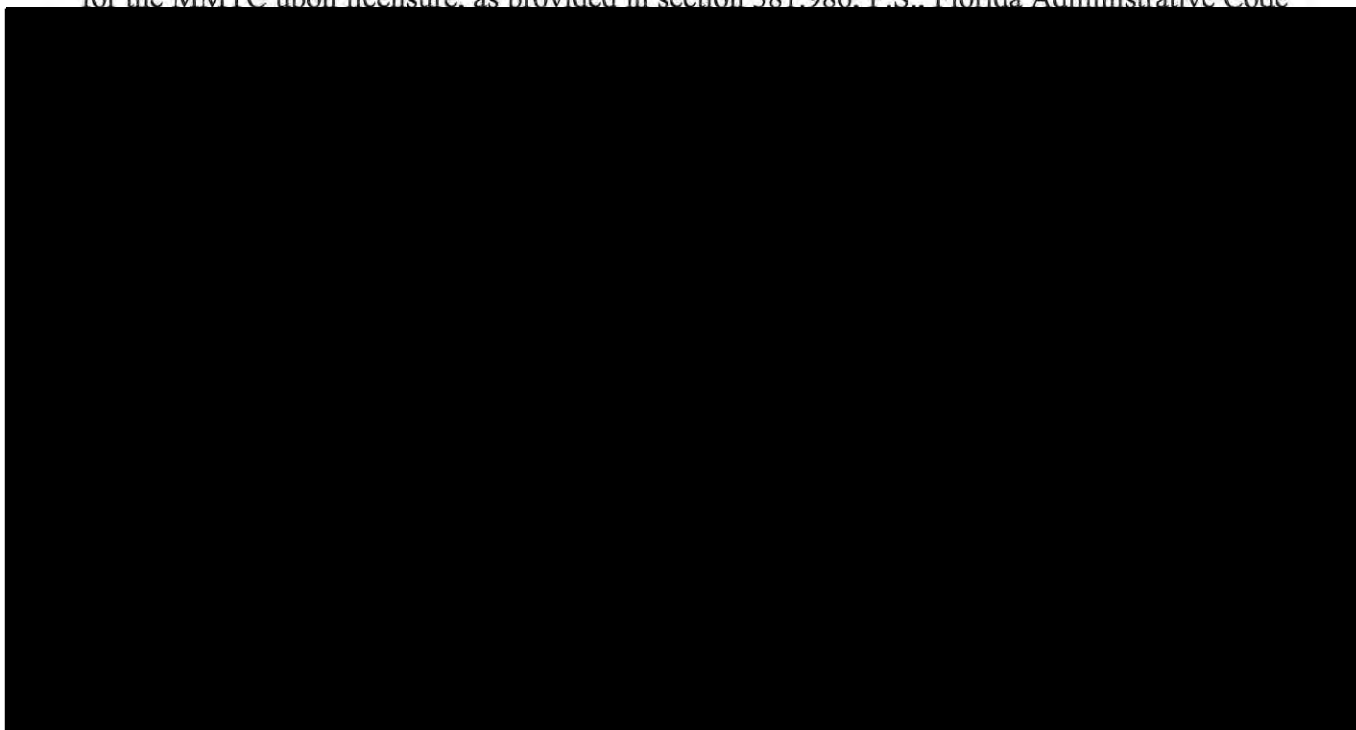


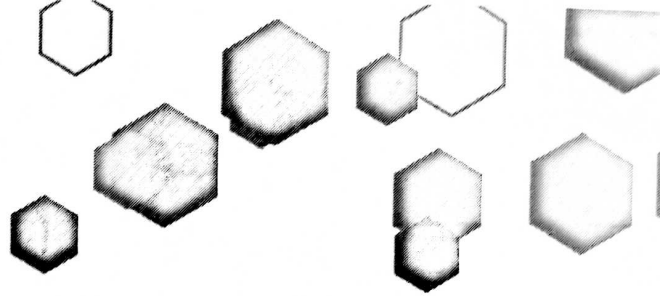
**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



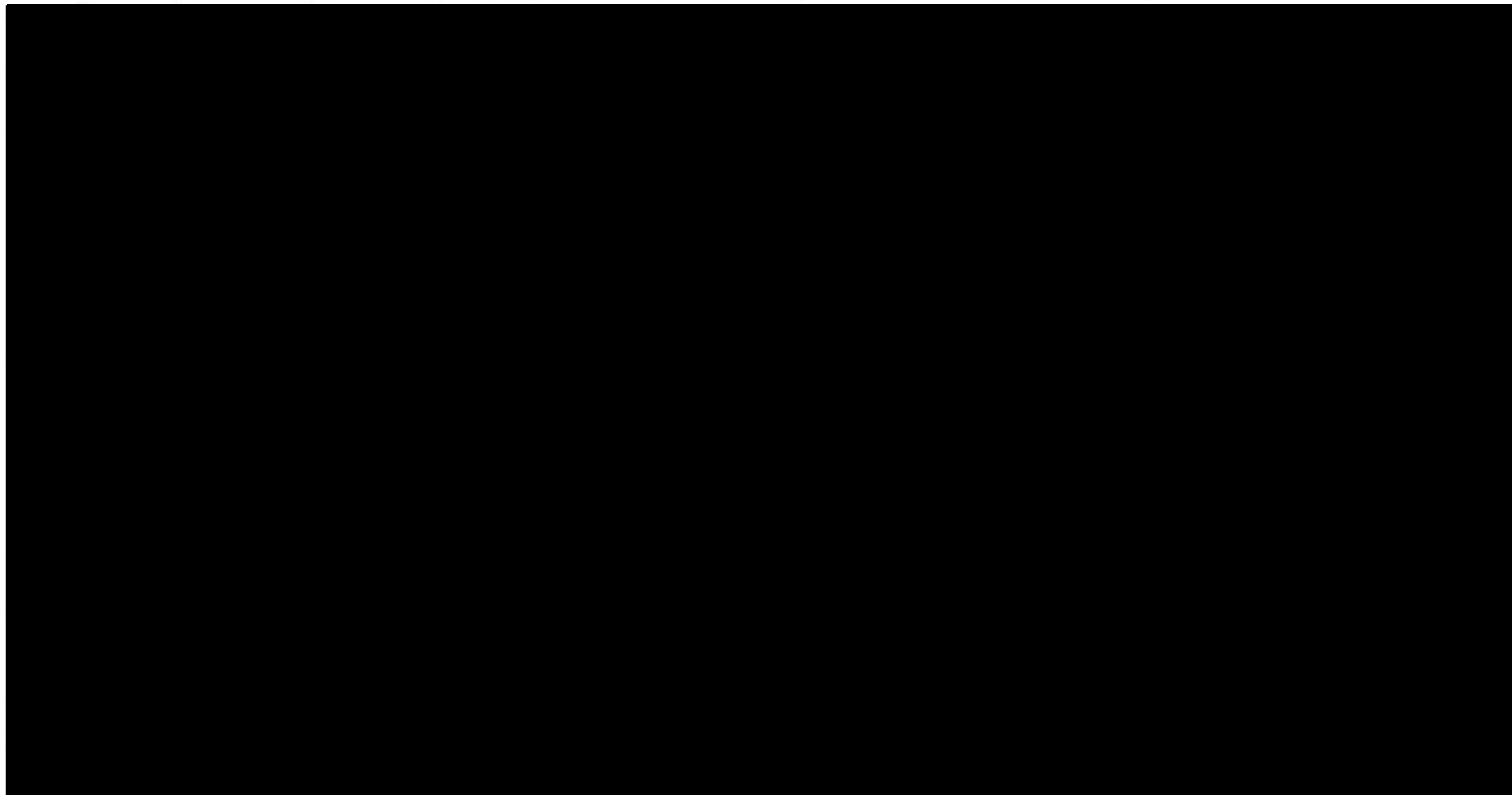


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment



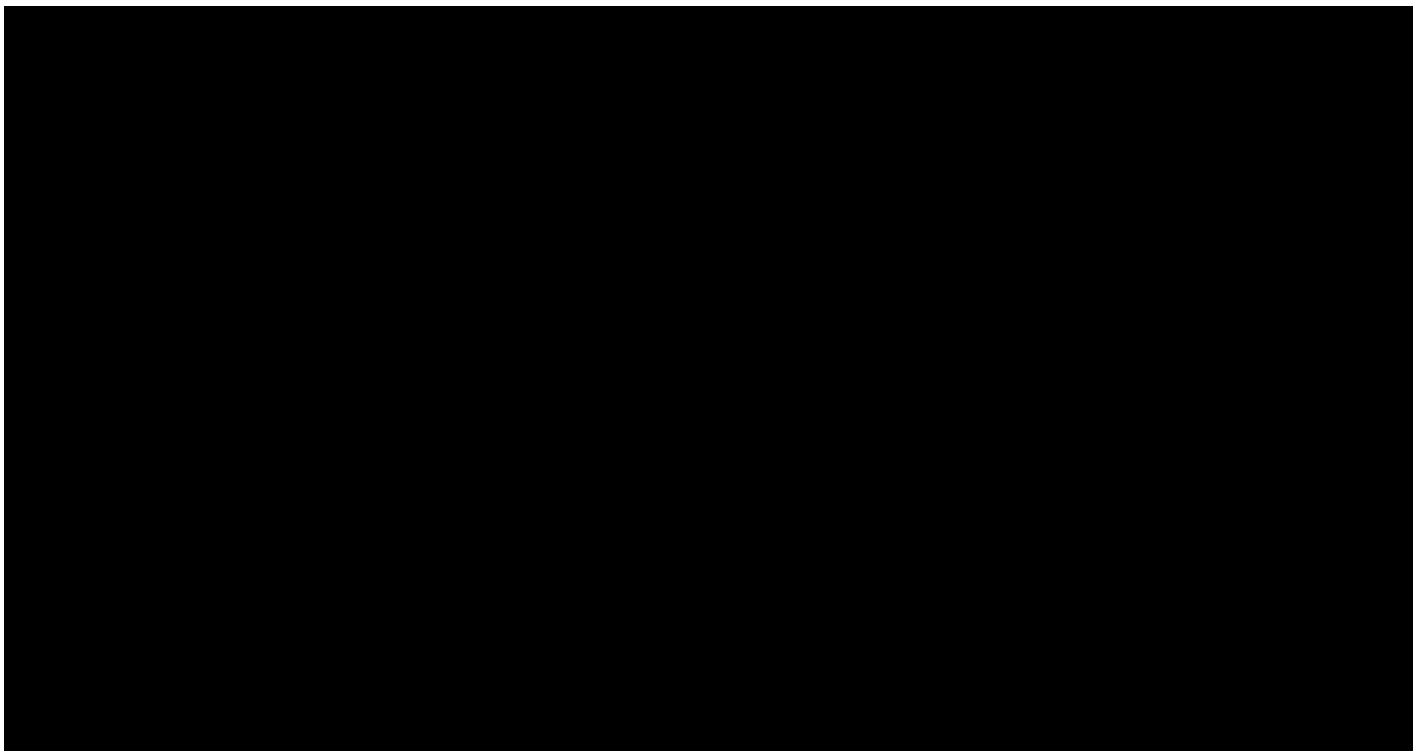


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager

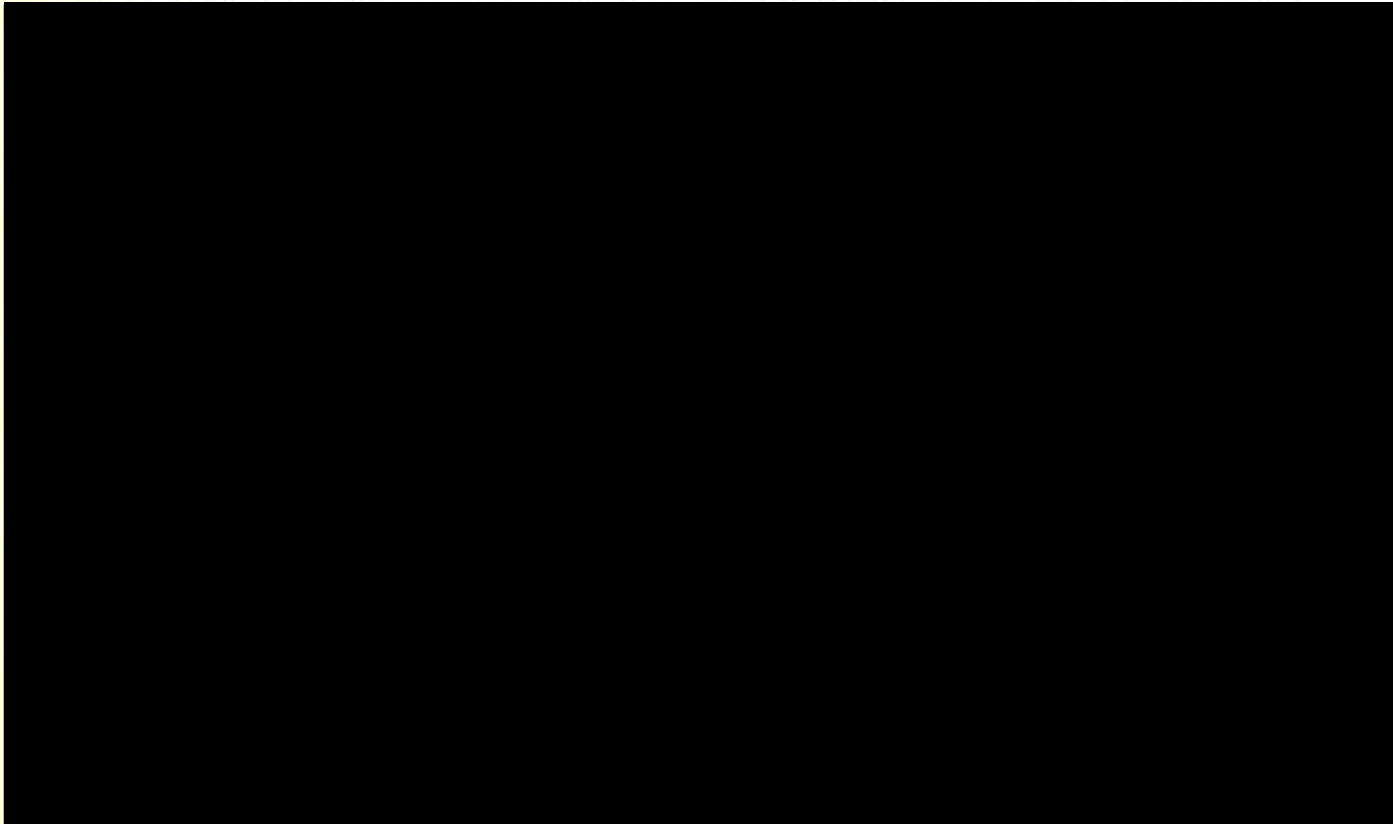


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



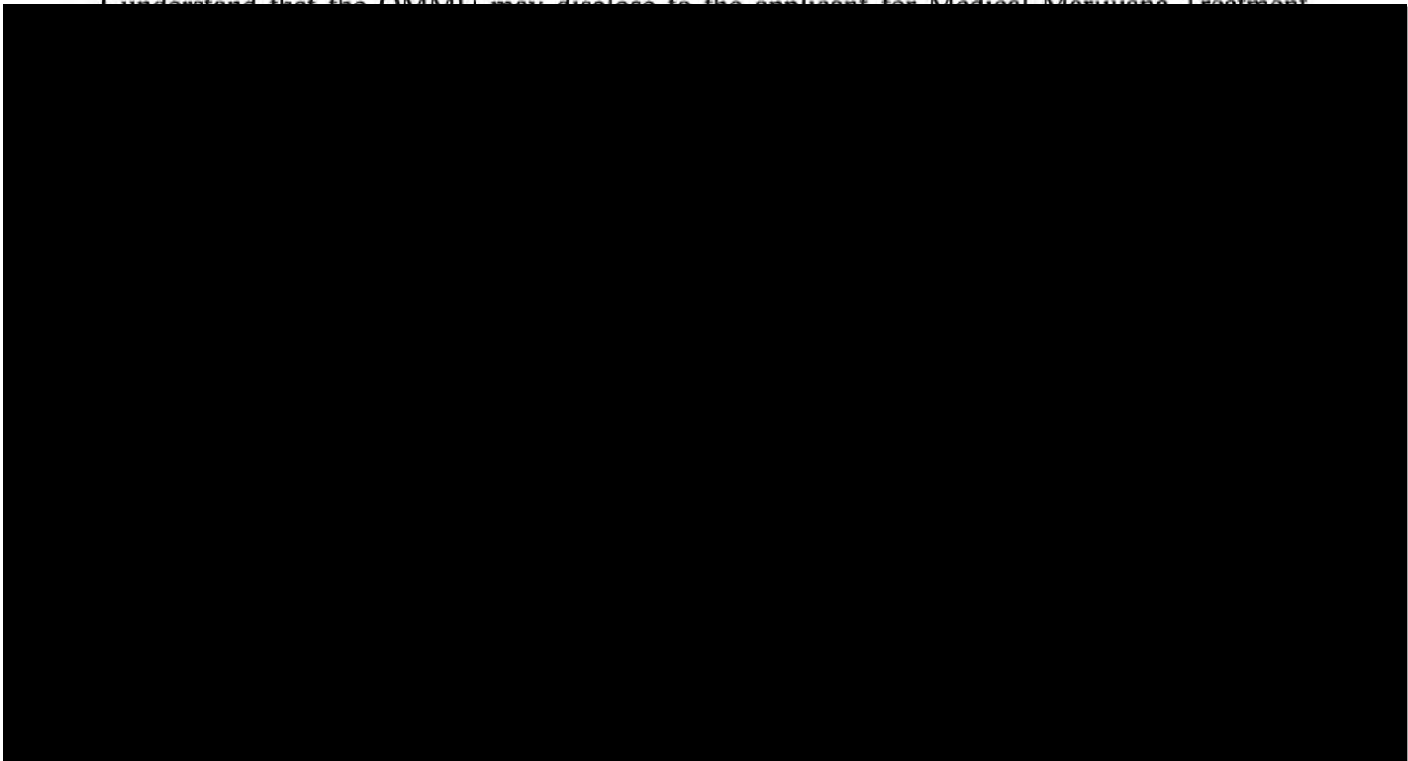


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment



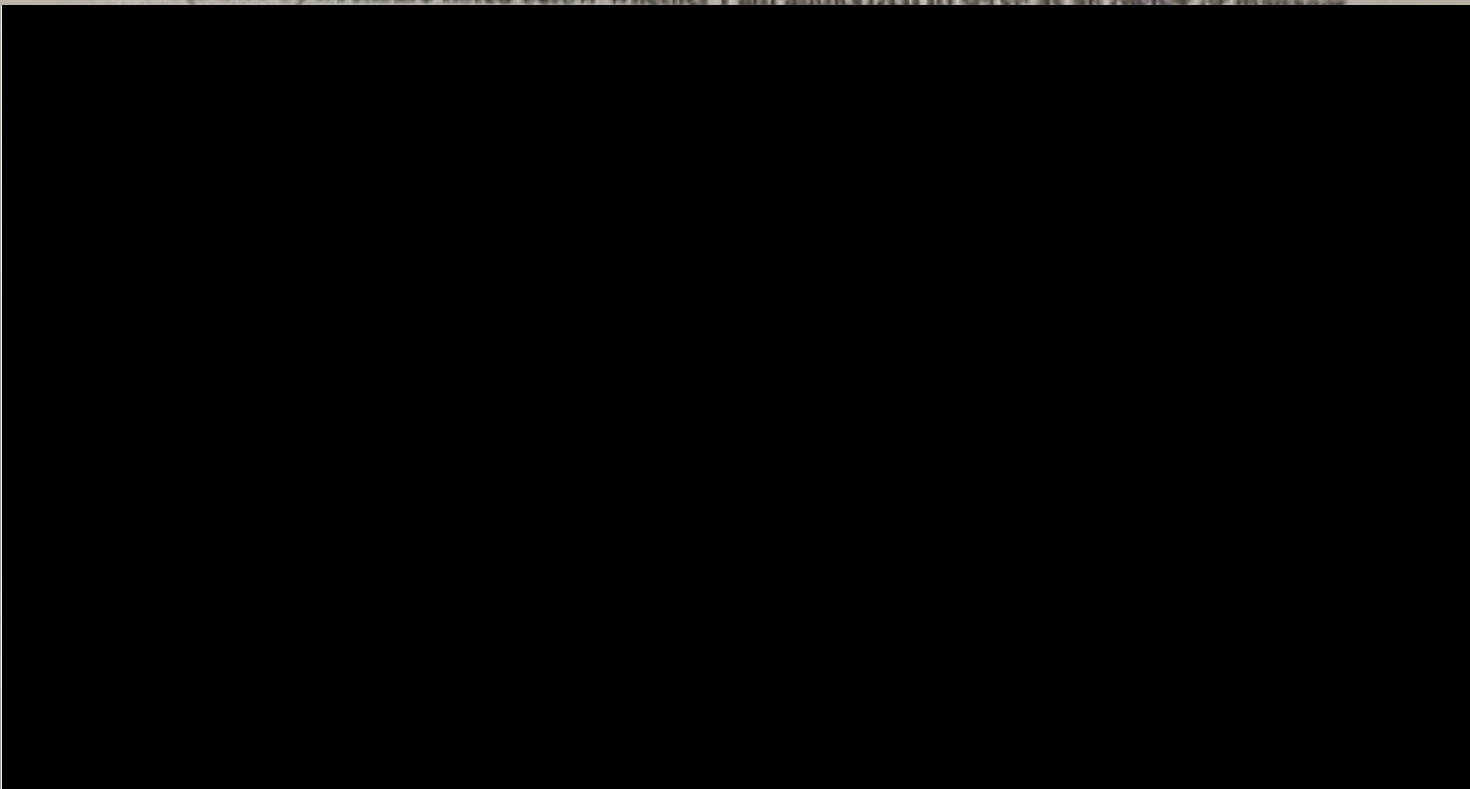


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



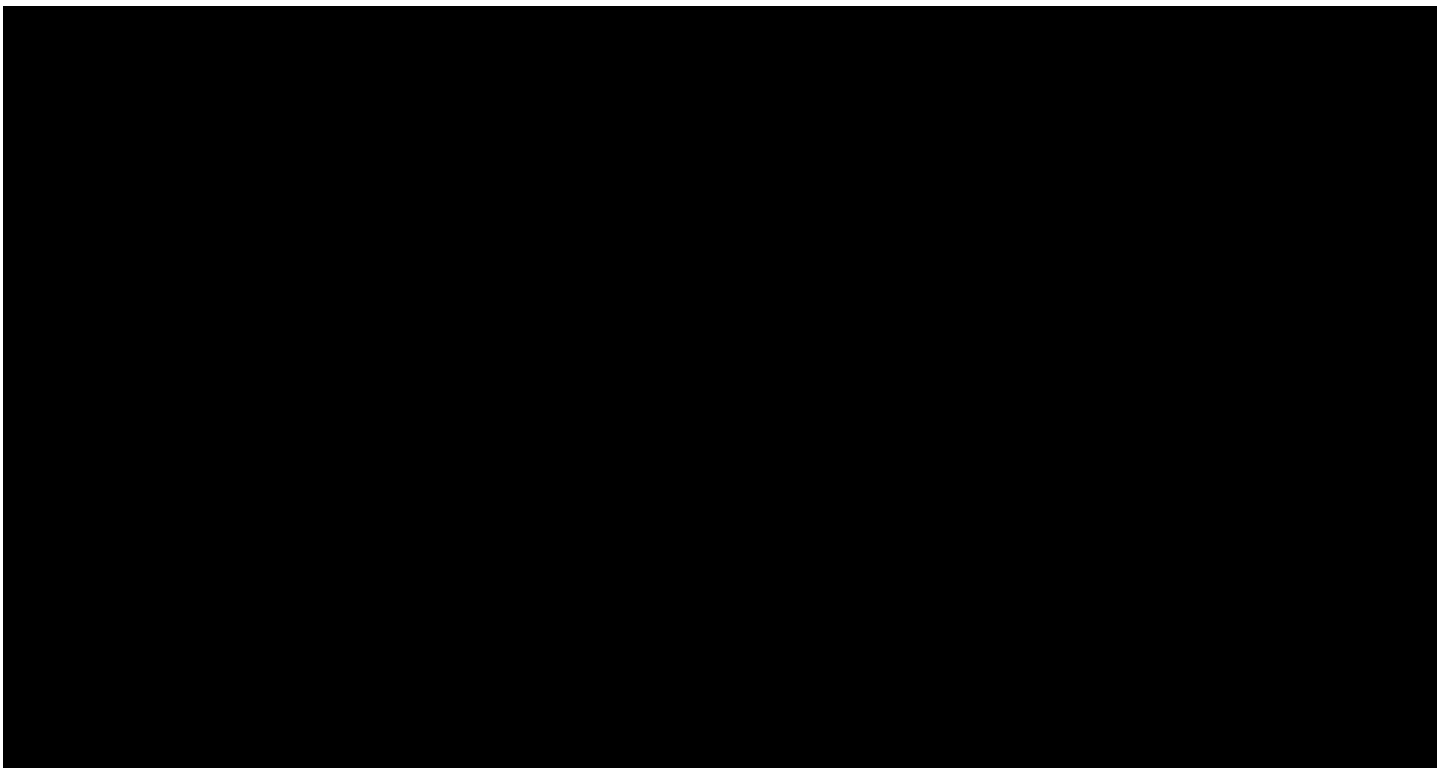


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment



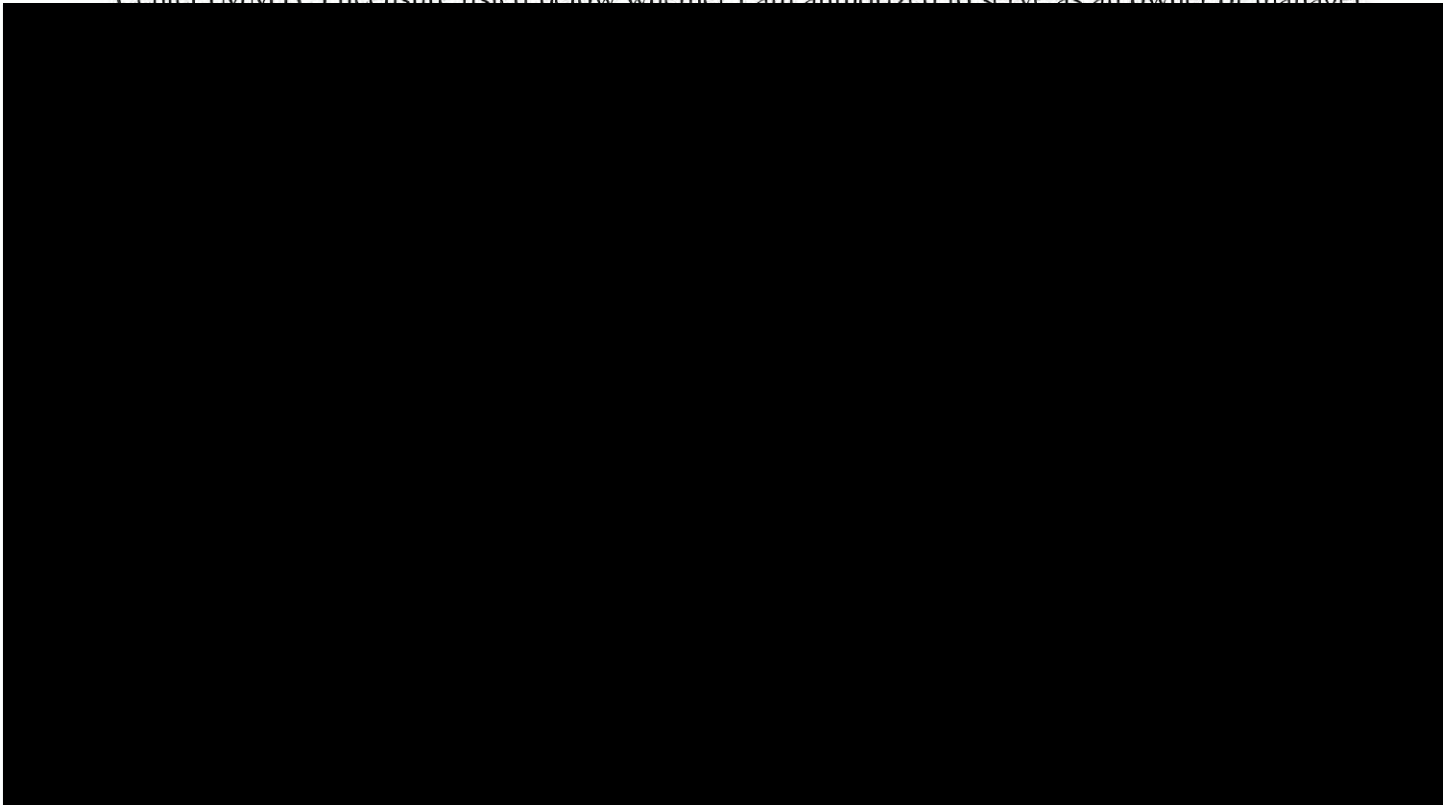


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



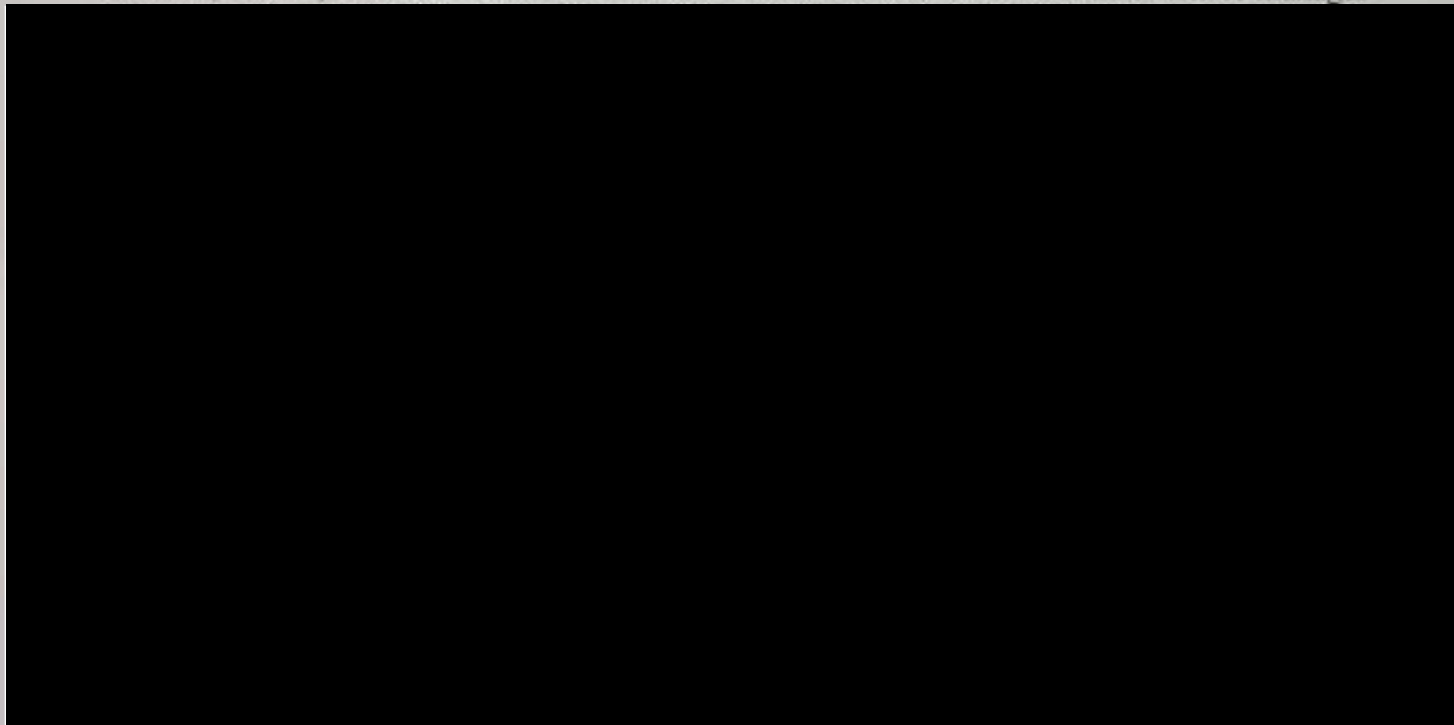


FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



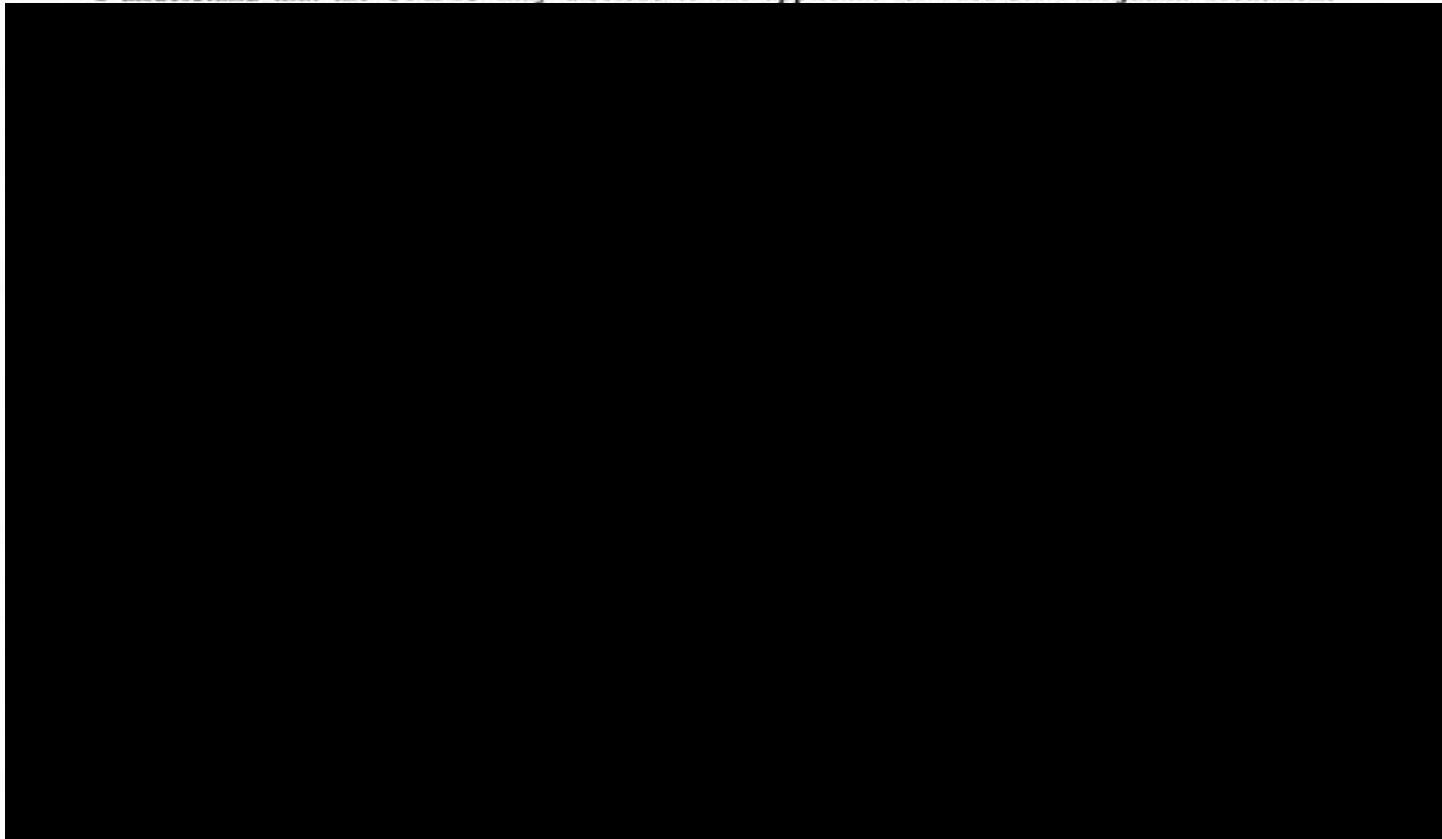


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment



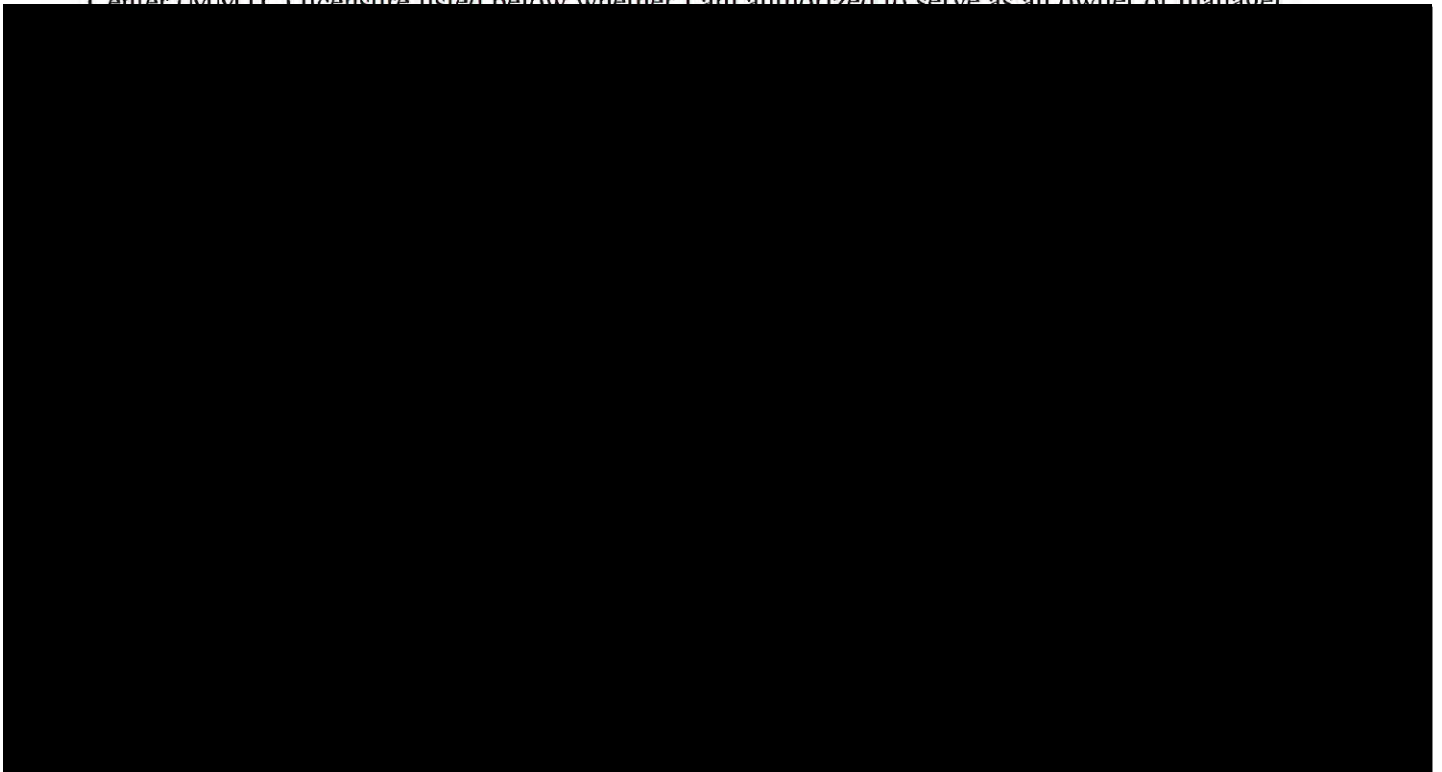


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



< Section 4.4 >

Plan for Cultivating Marijuana and Supporting Infrastructure

[Subsection 4.4.1]

Cultivation Plan

[Subsection 4.4.2]

Cultivation Infrastructure

[Subsection 4.4.3]

Ability to Secure Cultivation Infrastructure

< Section 4.5 >

**Plan for Processing Marijuana
and Supporting Infrastructure**

[Subsection 4.5.1]

Processing Plan

[Subsection 4.5.2]

Processing Infrastructure

[Subsection 4.5.3]

Ability to Secure Processing Infrastructure

< Section 4.6 >

**Plan for Dispensing Marijuana
and Supporting Infrastructure**

[Subsection 4.6.1]

Dispensing Plan

[Subsection 4.6.2]

Dispensing Infrastructure

{ Subsection 4.6.2 }

Dispensing Infrastructure Addendum

[Subsection 4.6.3]

Ability to Secure Dispensing Infrastructure

< Section 4.7 >

**Plan for Security and
Accountability**

[Subsection 4.7.1]

Premises Security

{ Subsection 4.7.1 }

Premises Security Addendum

[Subsection 4.7.2]

IT Security

[Subsection 4.7.3]

Diversion, Unlawful Access, and Transportation

[Subsection 4.7.4]

Personnel Screening and Training

[Subsection 4.7.5]

Recalls

< Section 4.8 >

**Ability to Execute Proposed
Plans**

[Subsection 4.8.1]

**Experience in the Marijuana
Industry (Applicant)**

[Subsection 4.8.2]

Other Relevant Experience

[Subsection 4.8.3]

Business Plan

[Subsection 4.8.4]

Prior Enforcement Action

< Section 4.9 >

Medical Director

[Subsection 4.9.1]

**Experience in the Marijuana
Industry (Medical Director)**

[Subsection 4.9.2]

Other Relevant Experience

{ Subsection 4.9.2 }

Other Relevant Experience Addendum

[Subsection 4.9.3]

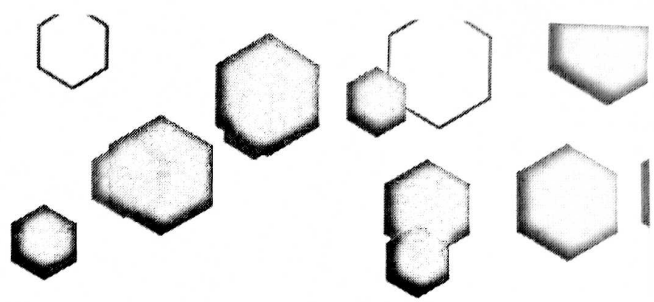
Oversight

[Subsection 4.9.4]

Managing Conflicts of Interest

[Subsection 4.9.5]

**Medical Director
Acknowledgment and Certificate
of Course Completion**



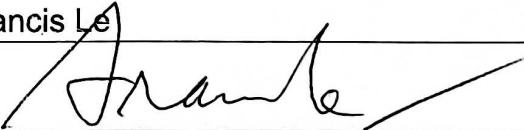
FORM 4: MEDICAL DIRECTOR ACKNOWLEDGMENT

I, Dr. Francis Le, have consented to be employed as the medical director for Star Buds Florida LLC, an applicant for MMTC licensure pursuant to section 381.986, F.S. I have successfully completed the 2-hour course and examination for medical directors offered by the Florida Medical Association or Florida Osteopathic Medical Association concerning the requirements of section 381.986, F.S. I understand and agree that, upon licensure by the Department, I am responsible for supervising the activities of the MMTC. I understand that if I knowingly make a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, that I may be found guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, F.S.

Name (Printed):

Dr. Francis Le

Signature:



Florida MD or DO License #:

ME113189

< Section 4.10 >

Personnel

[Subsection 4.10.1]

Personnel Qualifications

{ Subsection 4.10.1 }

Personnel Qualifications Addendum

[Subsection 4.10.2]

Drug-Free Workplace

[Subsection 4.10.3]

Personnel Training

< Section 4.11 >

Diversity Plan

[Subsection 4.11.1]

Diversity Plan

[Subsection 4.11.2]

Implementation of Diversity Plan

< Section 4.12 >

**Certified Financial Statements
and Available Funding**

[Subsection 4.12.1]

Certified Financial Statements

[Subsection 4.12.2]

Available Funding

{ Subsection 4.12.2 }

**Available Funding
Addendum**

[Subsection 4.12.3]

Projected Budget

{ Subsection 4.12.3 }

**Projected Budget
Addendum**

◀ **Section 4.13** ▶

**Business Ownership and
Structure**

[Subsection 4.13.1]

Ownership Information for Individual (Natural Person) Applicants

**This Section is
Not Applicable**

[Subsection 4.13.2]

Ownership Information for Entity Applicants

[Subsection 4.13.3]

Capitalization Tables, Change of Control and Related Entities

< Section 4.14 >

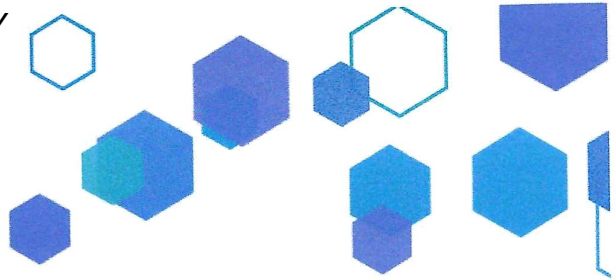
Applicant Acknowledgment



FORM 3(A): ENTITY APPLICANT ACKNOWLEDGMENT AND STATEMENT OF UNDERSTANDING

I, Brian Ruden, the undersigned representative, hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application (the Applicant) and to attest to the following on behalf of the Applicant.

- All information included in the application is true and correct. Applicant understands that the Department will rely on such information, and that any material misrepresentation in this application is grounds for licensure denial. Further, Applicant understands that if the applicant knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, the applicant may be found guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, F.S.
- Applicant understands that this application for licensure creates neither an entitlement to, nor a vested right in, licensure.
- No individual or entity that owns, controls, or holds power to vote 5 percent or more of the voting shares of the Applicant has any direct or indirect ownership or control of a voting share of any currently licensed MMTC.
- No individual or entity that owns, controls, or holds power to vote 5 percent or more of the voting shares of any currently licensed MMTC has any direct or indirect ownership or control of a voting share of the Applicant.
- No currently licensed MMTC has any direct or indirect ownership or control of any voting shares or other form of ownership of the Applicant.
- The Applicant does not have any direct or indirect ownership or control of any voting shares or other form of ownership of a currently licensed MMTC.



- Notwithstanding the contents of the application, upon licensure, Applicant agrees to abide by, and be bound to, all the requirements of section 381.986, F.S., and all Department rules relating to medical marijuana and medical marijuana treatment centers.
- Applicant understands and agrees that if the Department determines at any point after licensure that the application contained a material misrepresentation, then the license will be revoked.

Representative Name (Printed): Brian Ruden

Representative Signature: 

MMTC Applicant Name: Star Buds Florida LLC

◀ **Section 4.15** ▶

Citrus Preference Documentation

**This Section is
Not Applicable**

< Section 4.16 >

**Pigford/BFL Application Fee
Transfer Request**

**This Section is
Not Applicable**