

**FORM 1: APPLICANT GENERAL INFORMATION**

Applicant Information				
Applicant Name				
STIIIZY Florida, LLC				
Mailing Address				
3562 Kelton Avenue				
City	Apt/Ste #	State	ZIP Code	Country
Los Angeles		CA	90034	USA

Contact Information		
First Name	Last Name	Middle Initial
Tak	Sato	
Telephone Number	Designated Email (for Department/Applicant Communications)	
(310) 488-5707	taksato25@gmail.com	

Medical Director Information		
First Name	Last Name	Middle Initial
David	Blyweiss	J.
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME42858	(954)661-3456	david@drblyweiss.com

Section 4.2 Declaration of Exempt Information

STIIIZY FLORIDA LLC 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.
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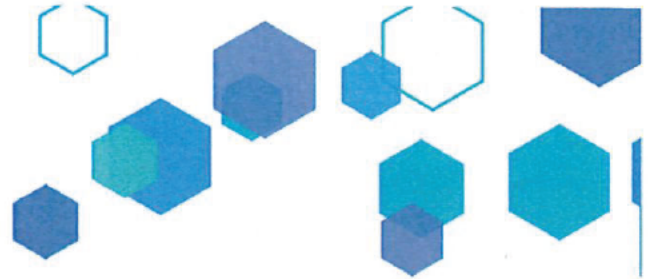
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Subsection 4.3.3 – Level 2 Background Screening

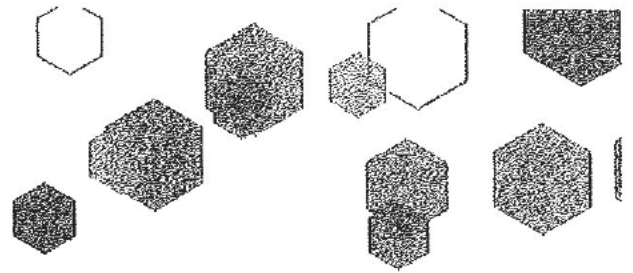
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For Criminal History Record Checks

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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 Chapter 64A, and applicable to management.

Stiizy Florida, LLC
MMTC Applicant Name

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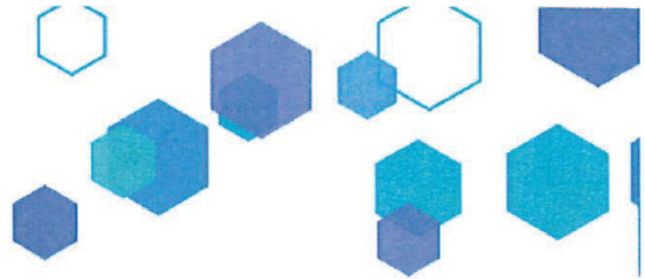
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Stiiizy Florida, LLC
MMTC Applicant Name



Office of **MEDICAL**
MARIJUANA Use



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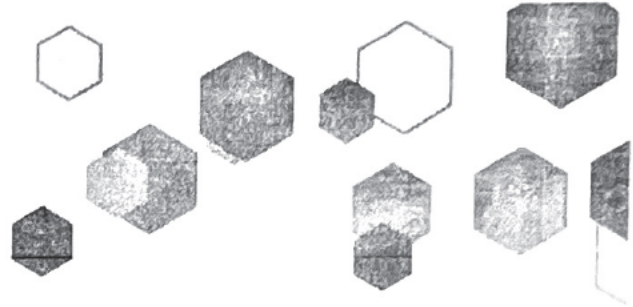
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STIIIZY FLORIDA LLC

MMTC Applicant Name



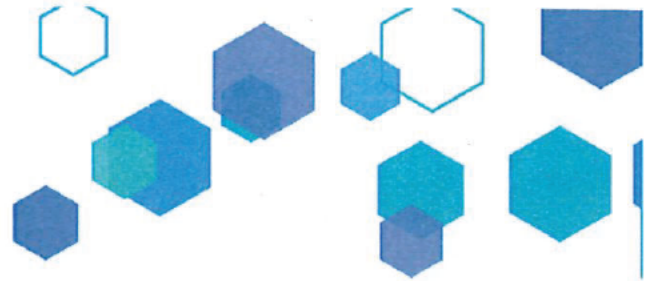
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STIIIZY Florida, LLC
MMTC Applicant Name



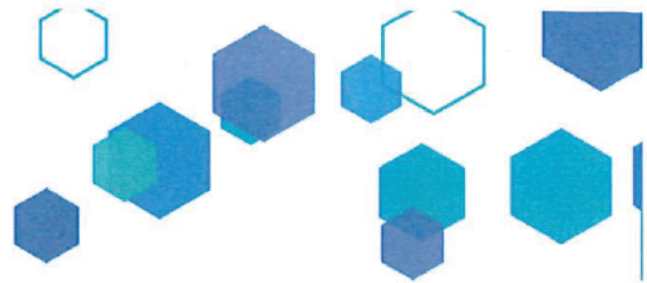
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ST11124 Florida LLC
MMTC Applicant Name



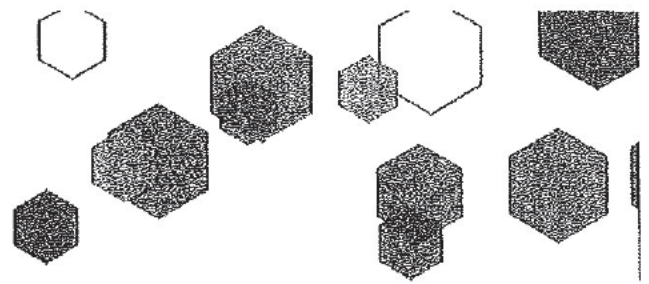
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STIRZY Florida LLC
MMTC Applicant Name

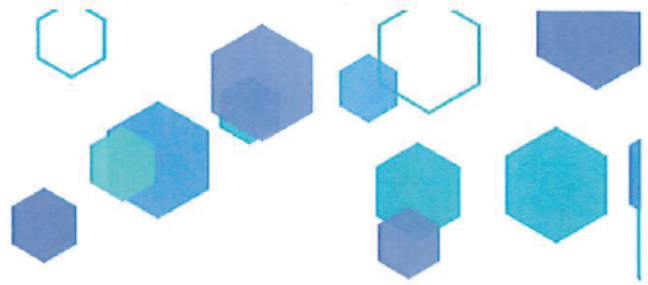
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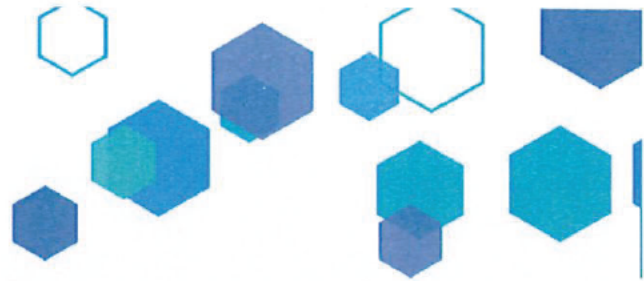
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Email STIIIZY
STIIIZY FLORIDA LLC

MMTC Applicant Name



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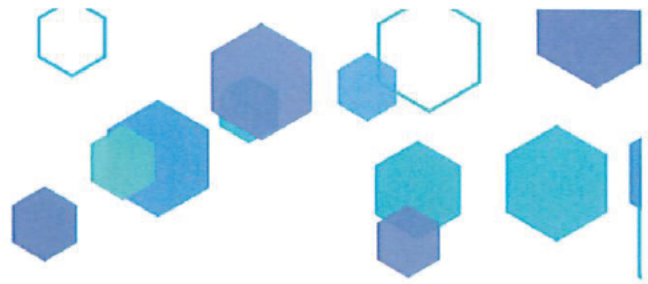
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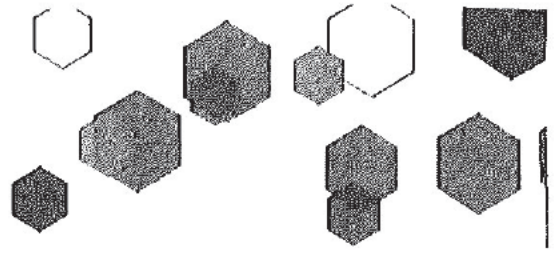
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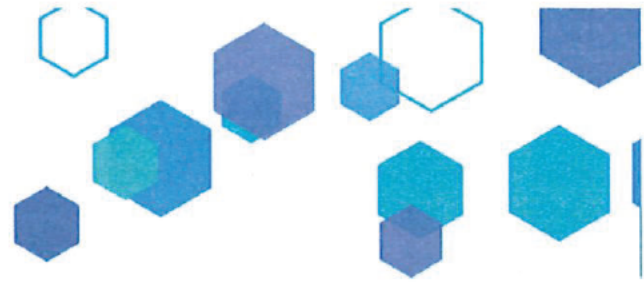
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Stoney Florida LLC
MMTC Applicant Name



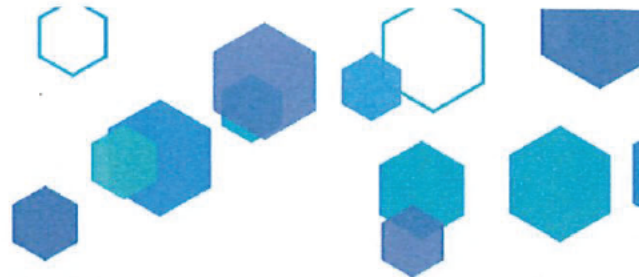
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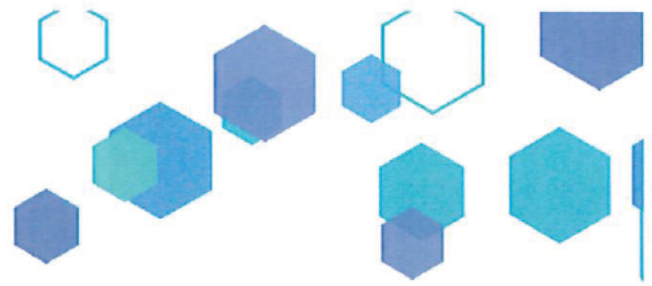
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I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment

STIIIZY FLORIDA LLC

MMTC Applicant Name

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

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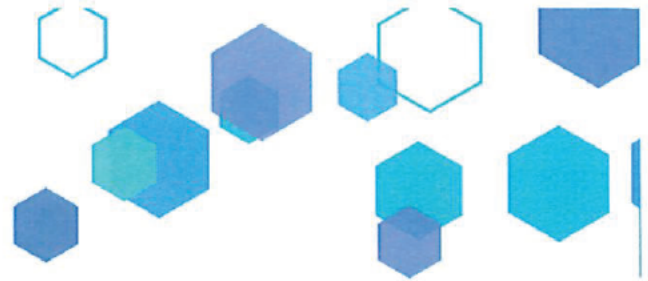
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STIIIZY Florida, LLC.

MMTC Applicant Name



FORM 2: WAIVER AGREEMENT AND STATEMENT
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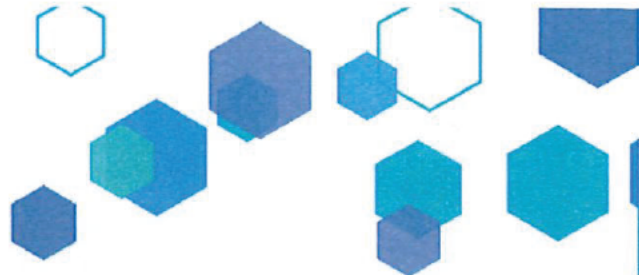
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Stiiizy FLORIDA LLC.
MMTC Applicant Name



Office of **MEDICAL**
MARIJUANA Use



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

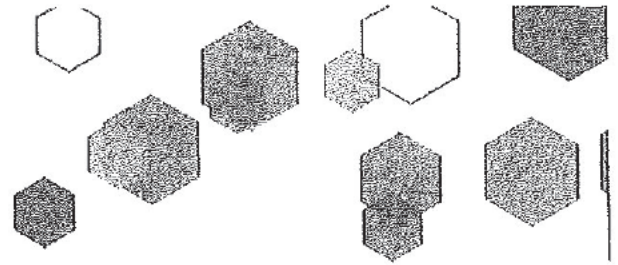
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MMTC Applicant Name



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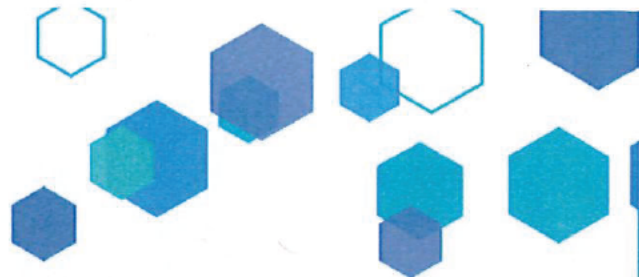
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STIIIZY FLORIDA LLC

MMTC Applicant Name



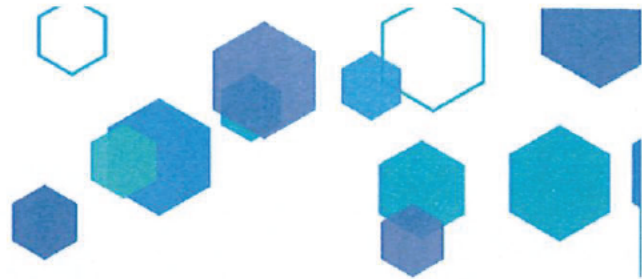
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Stoney Florida LLC
MMTC Applicant Name

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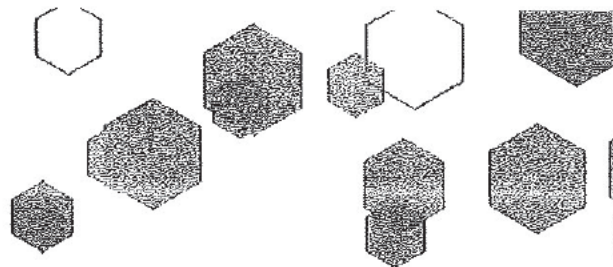
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MMTC Applicant Name



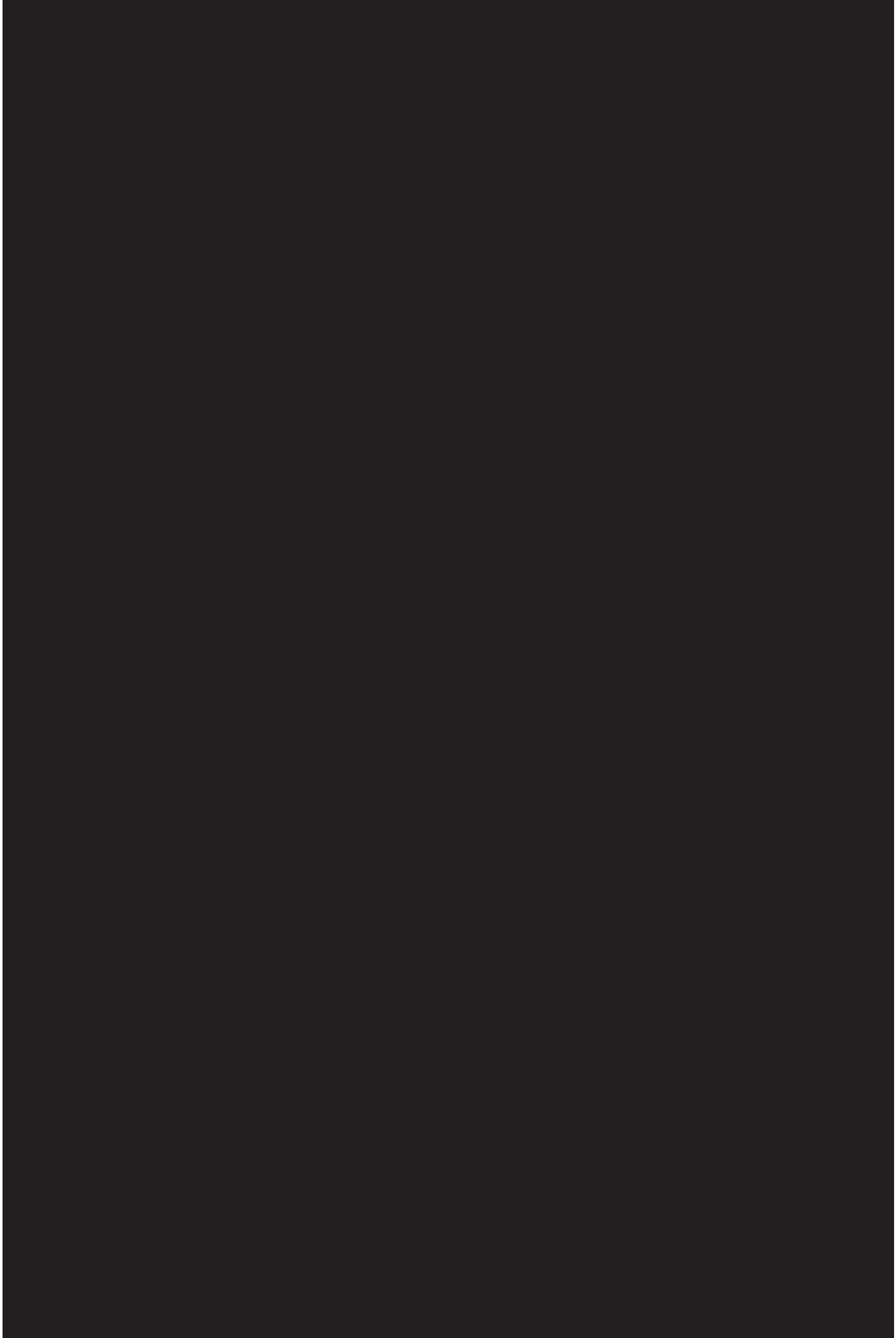
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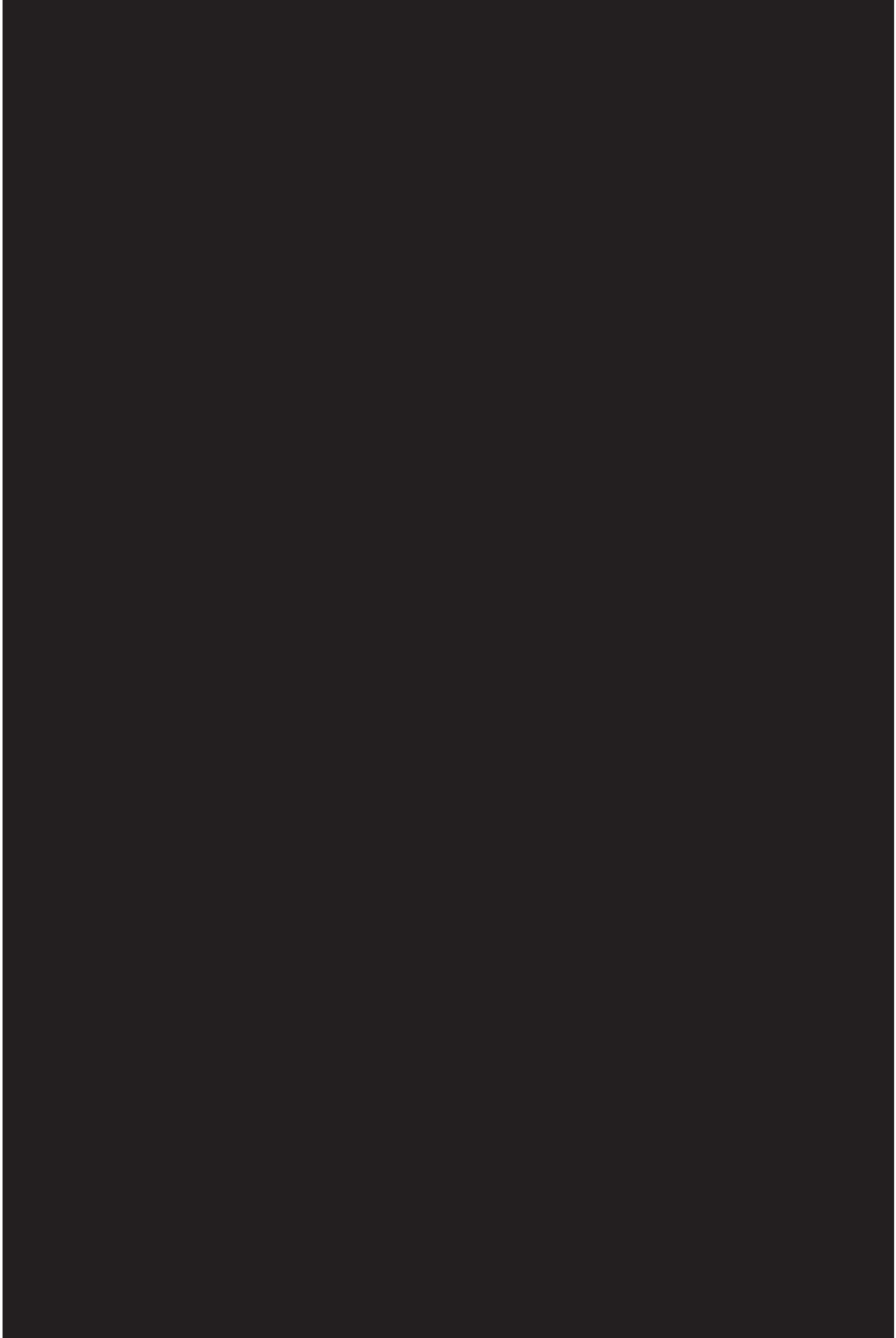
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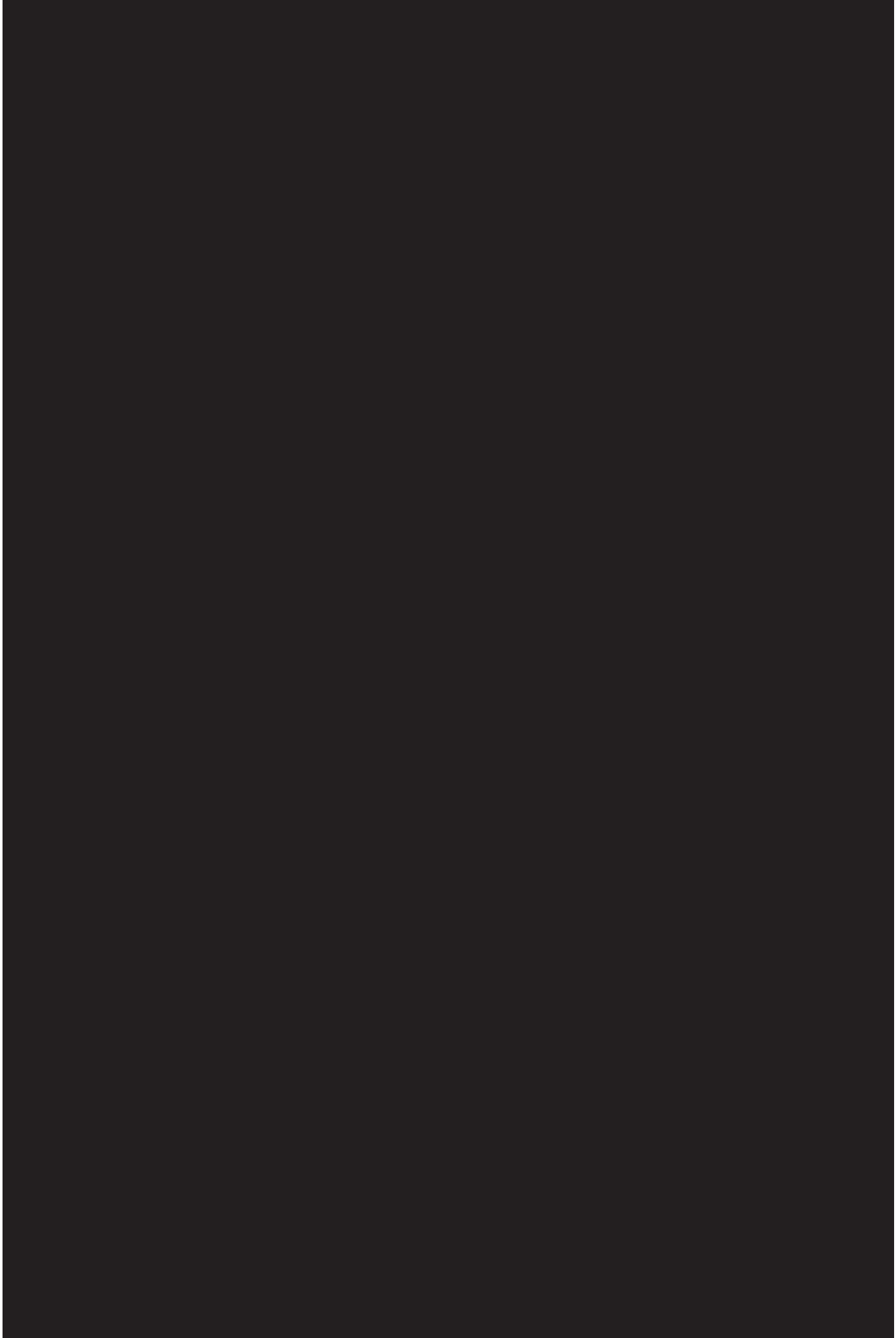
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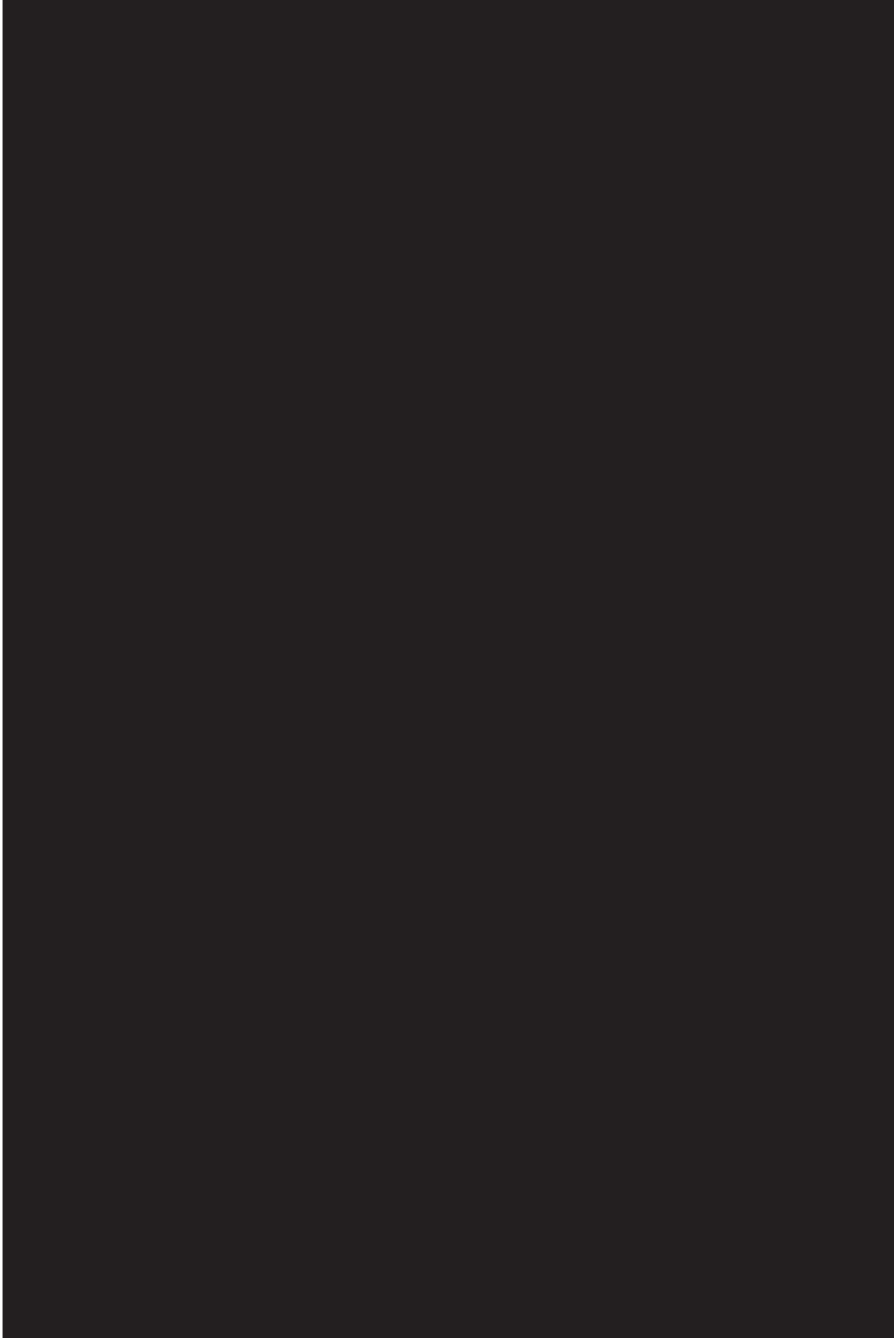
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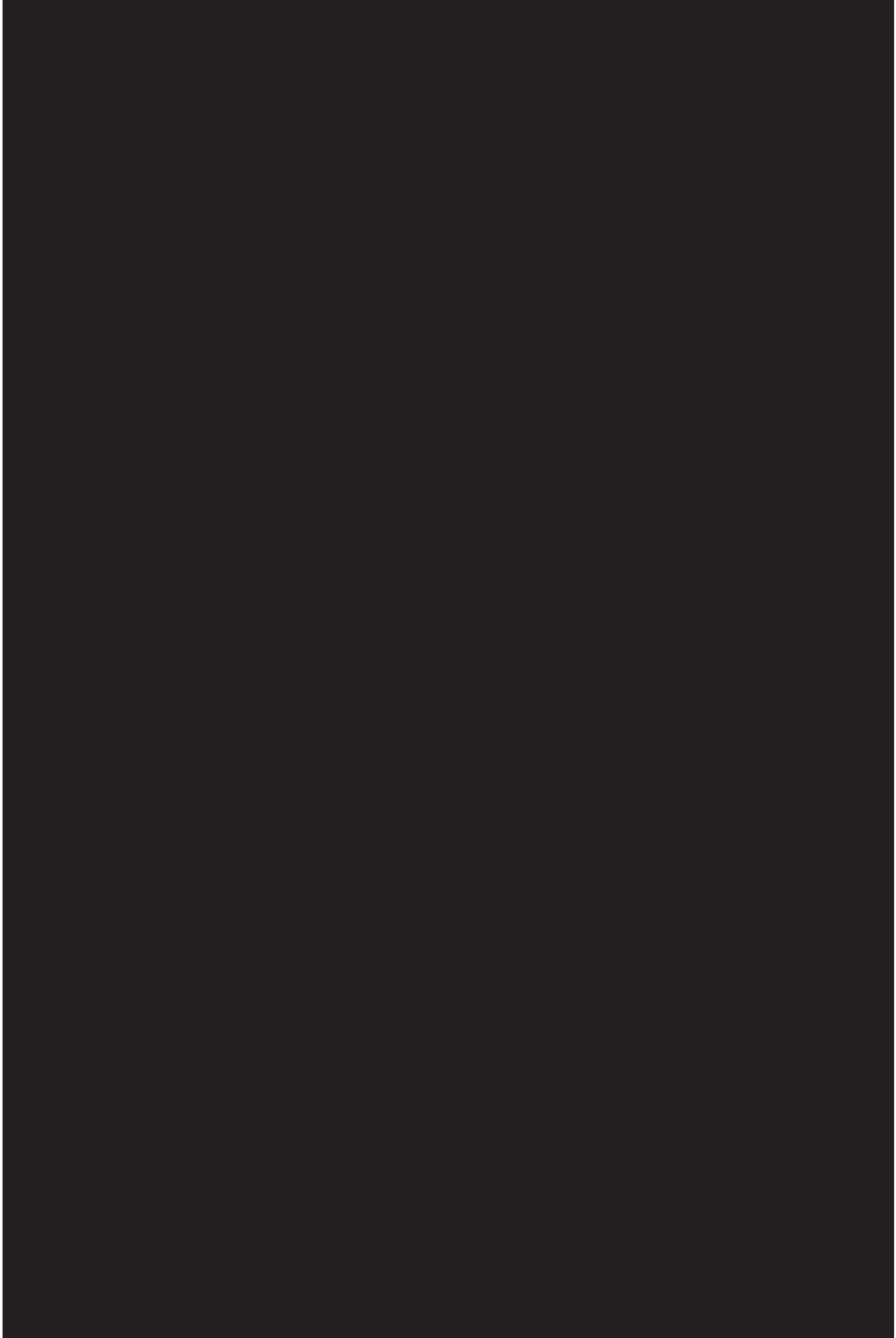
STILLY FLORIDA, LLC
MMTC Applicant Name

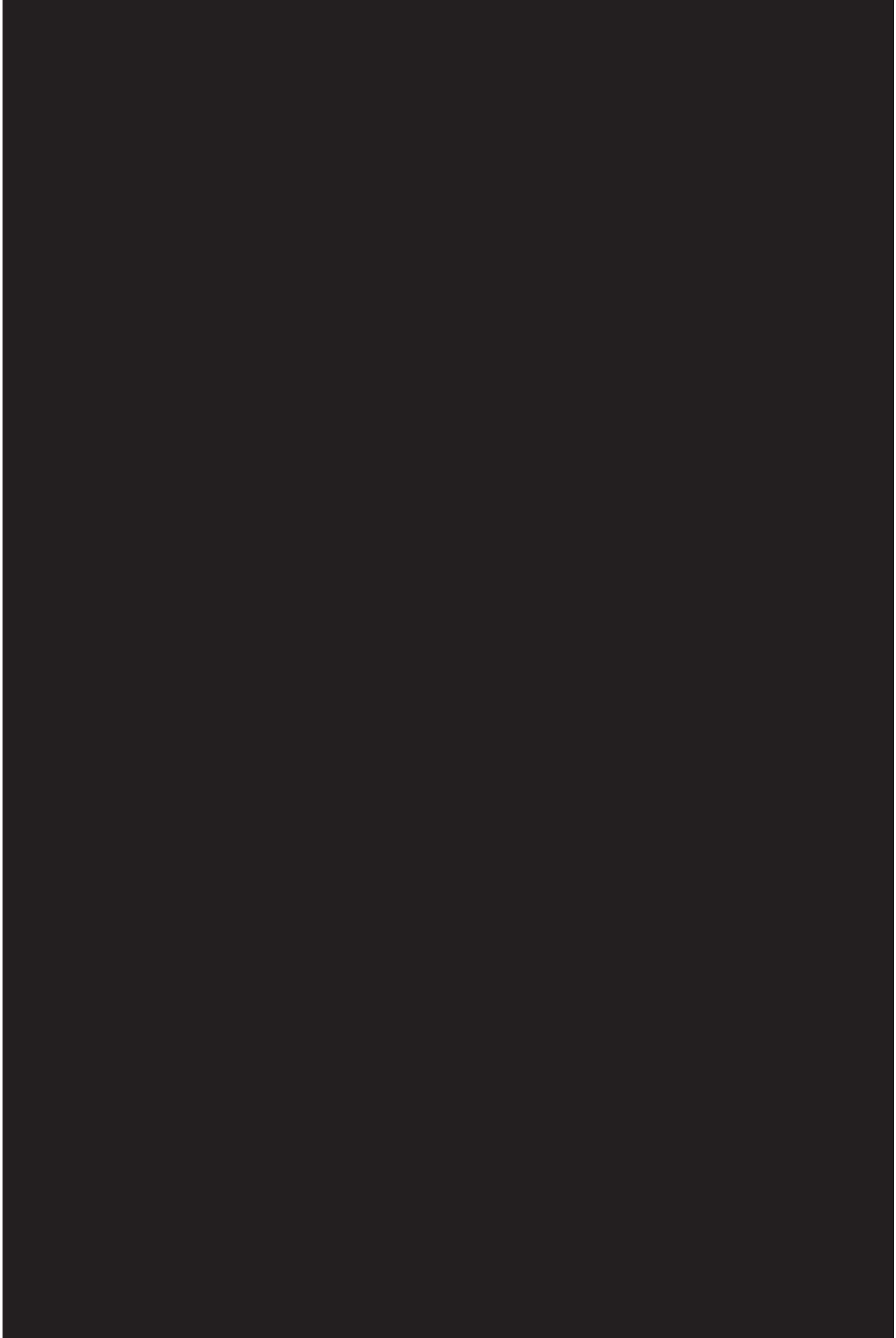


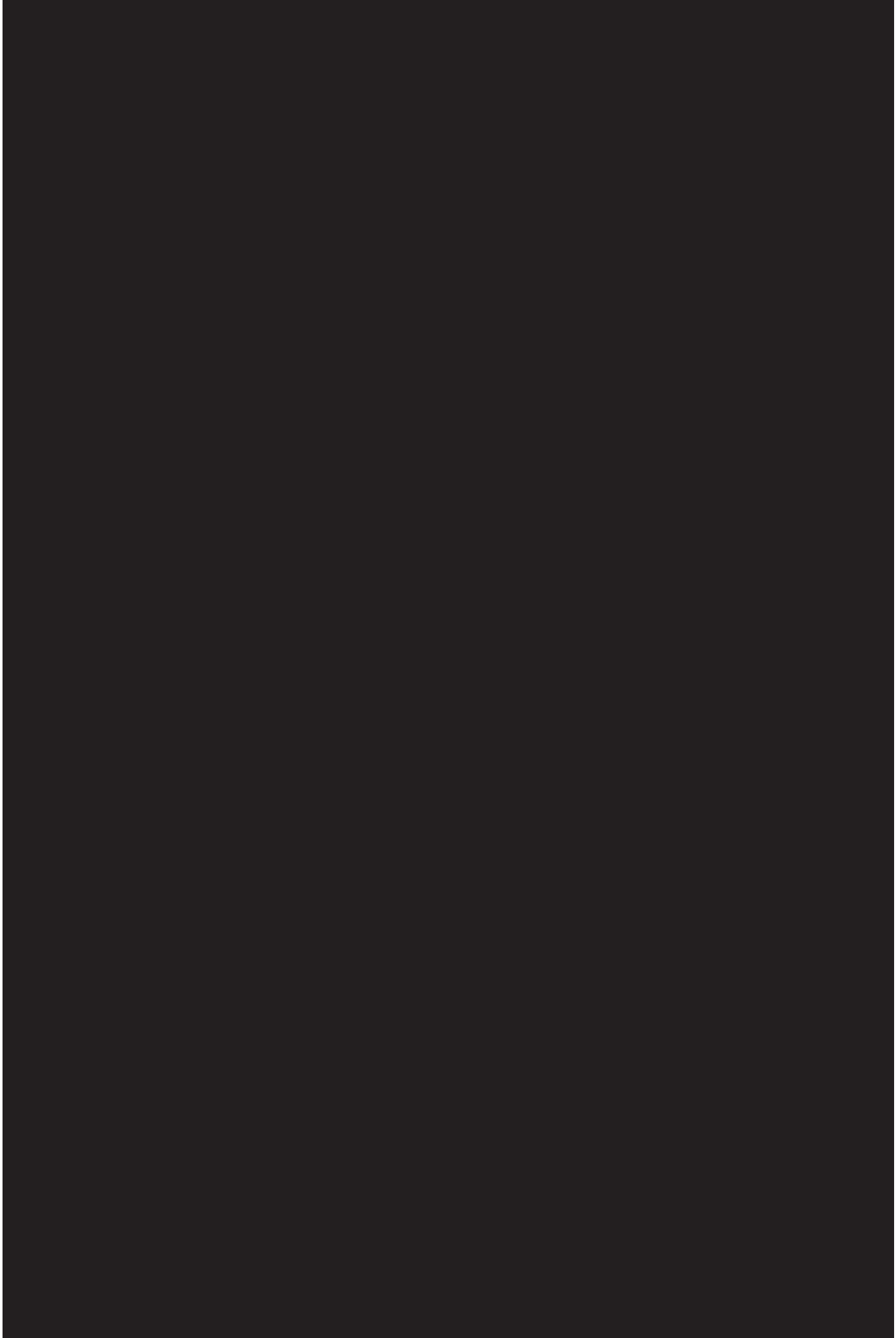


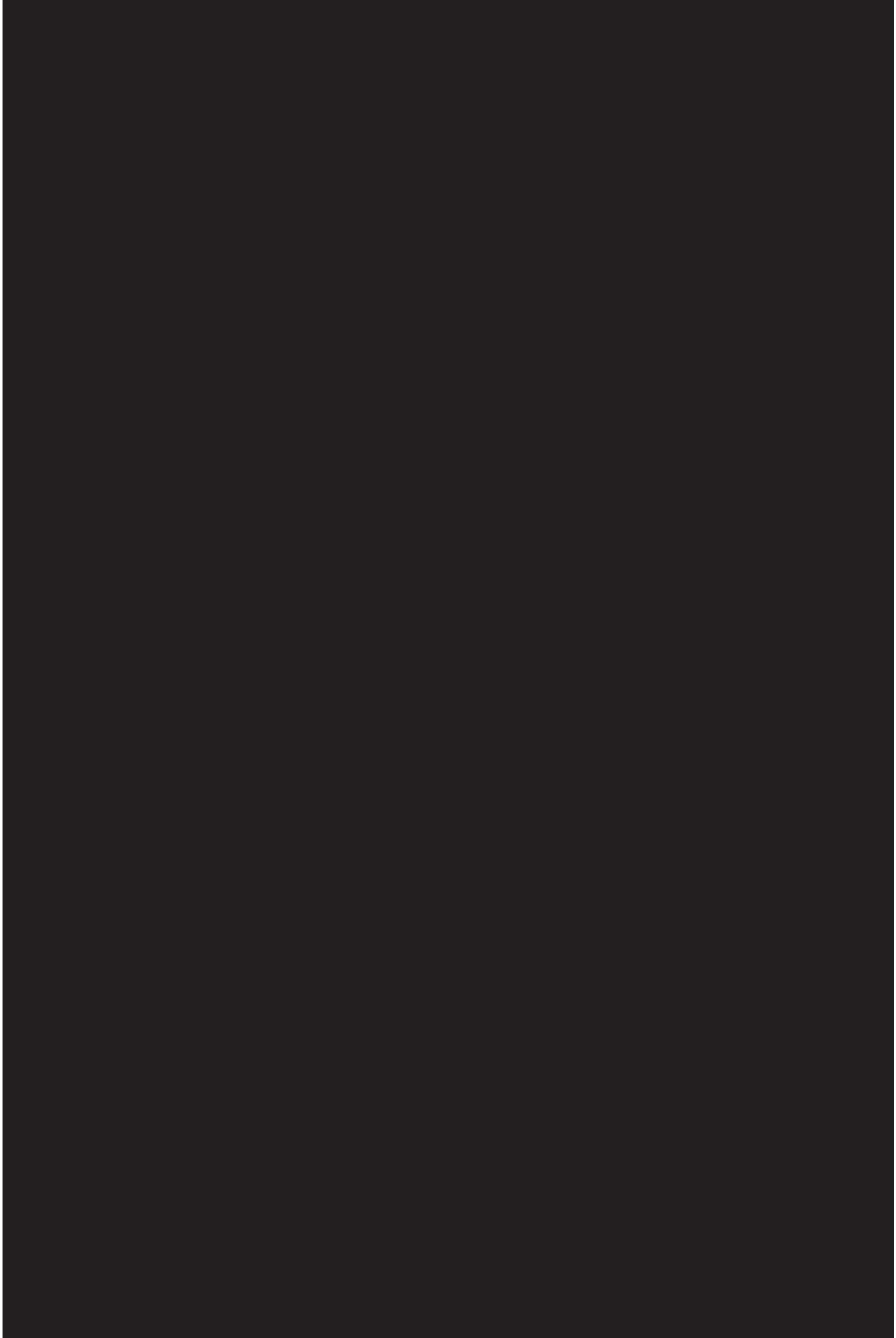


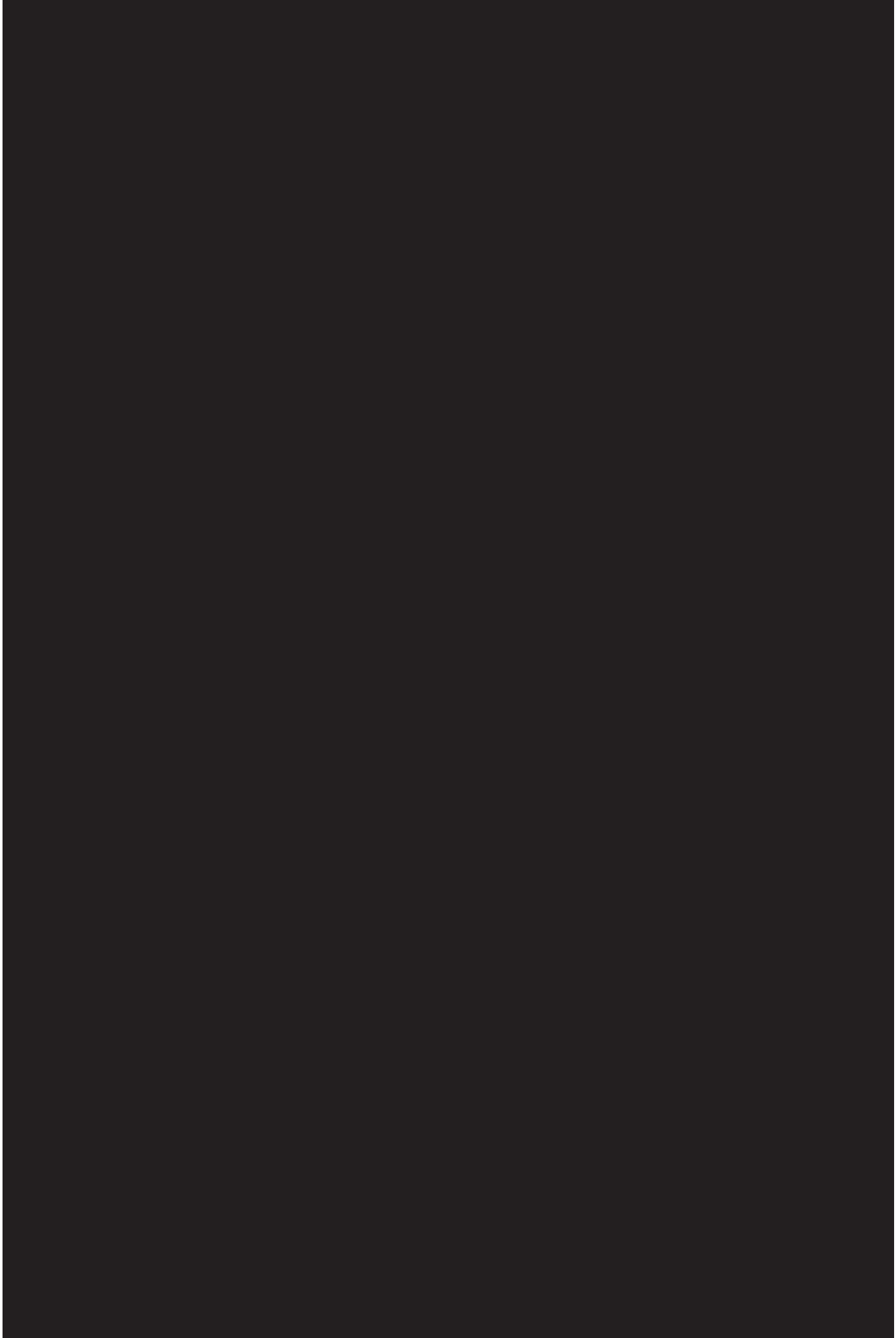


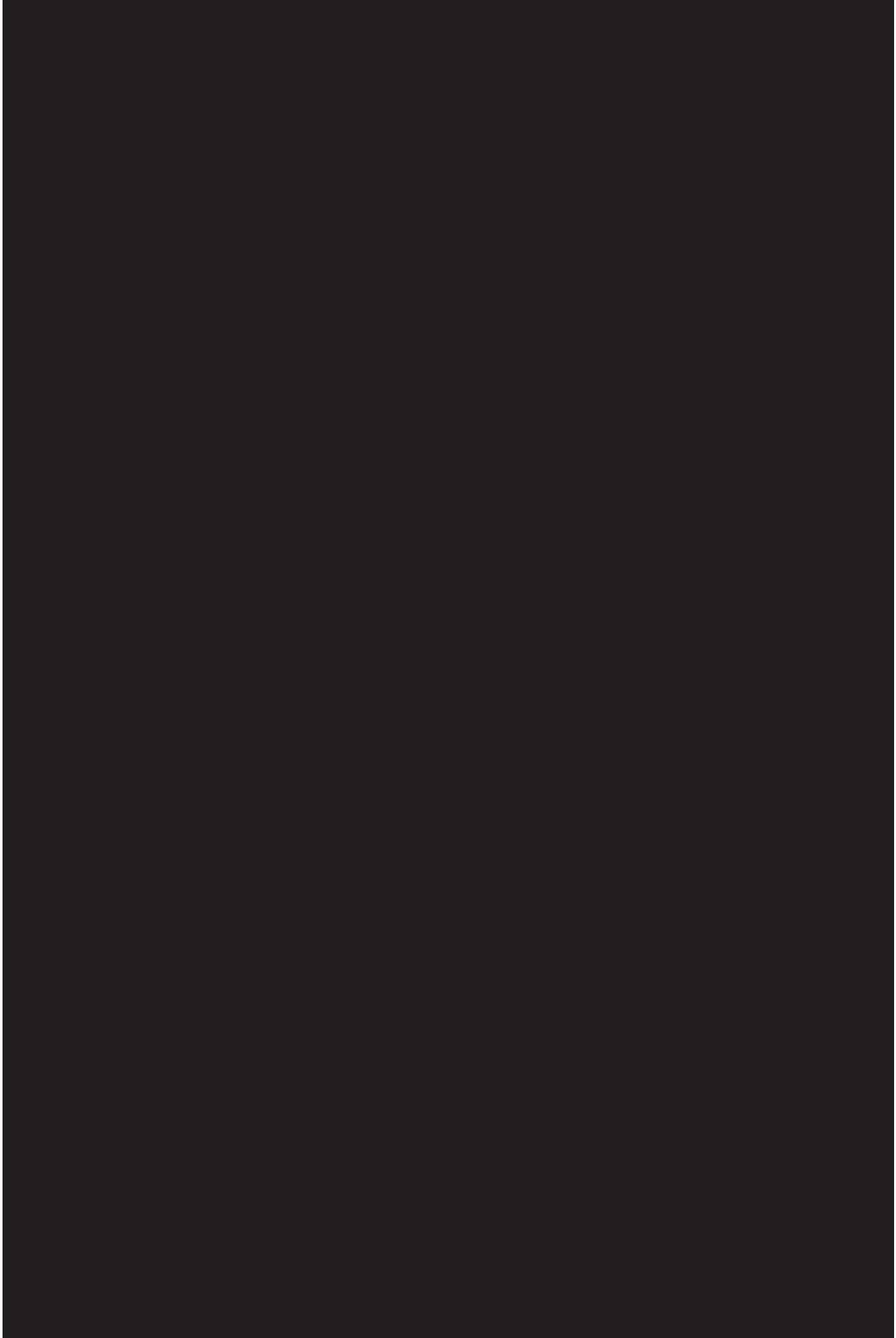


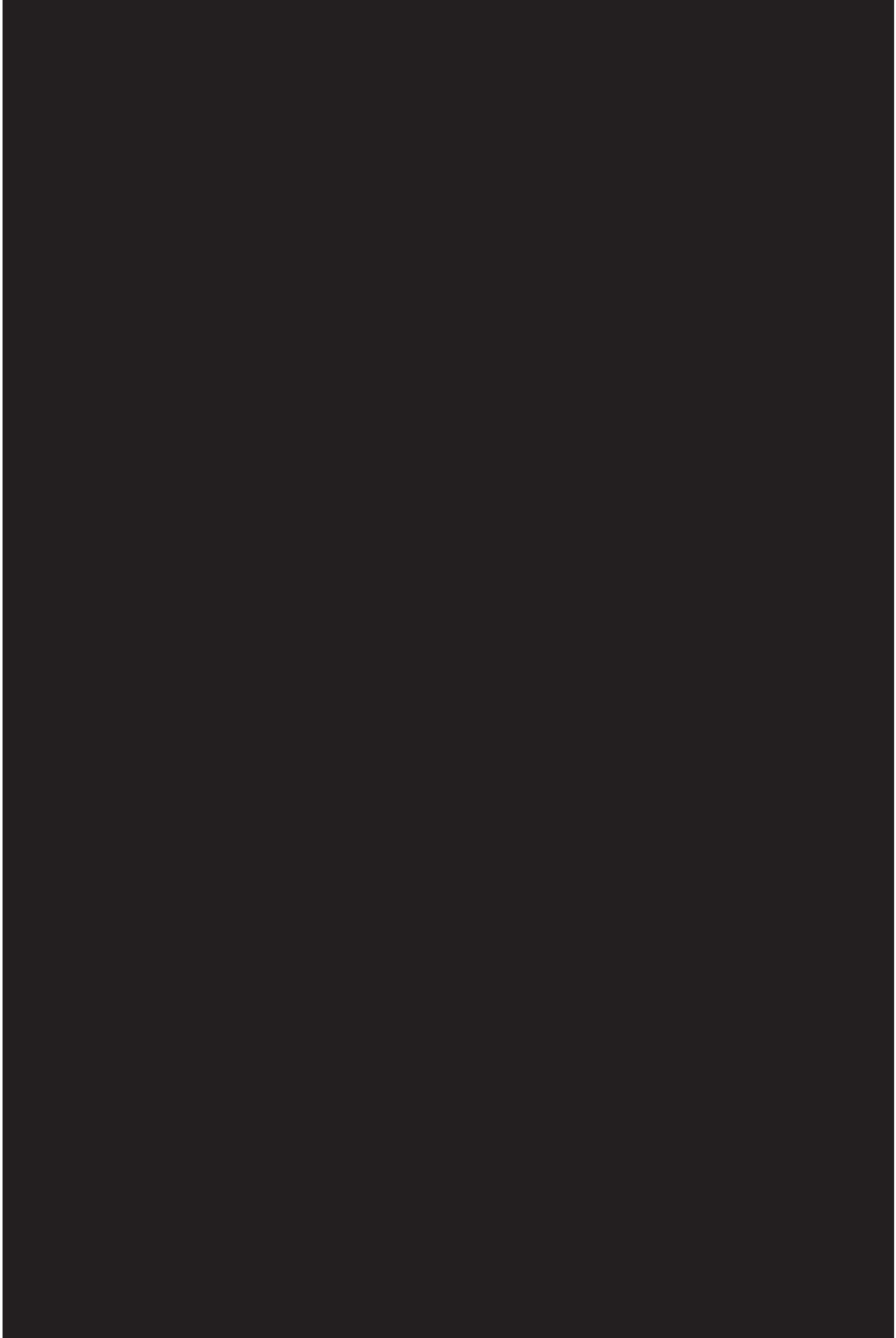


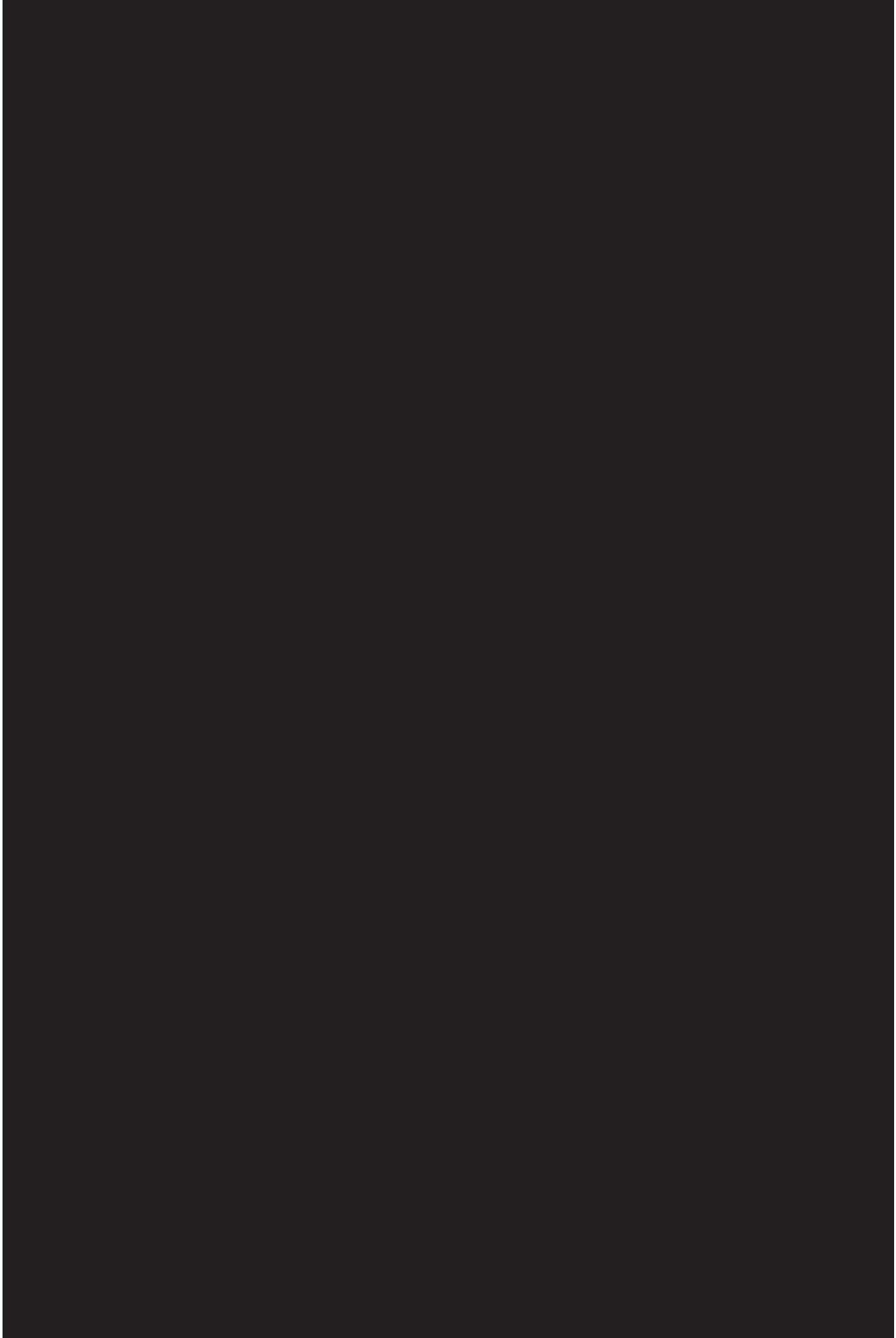


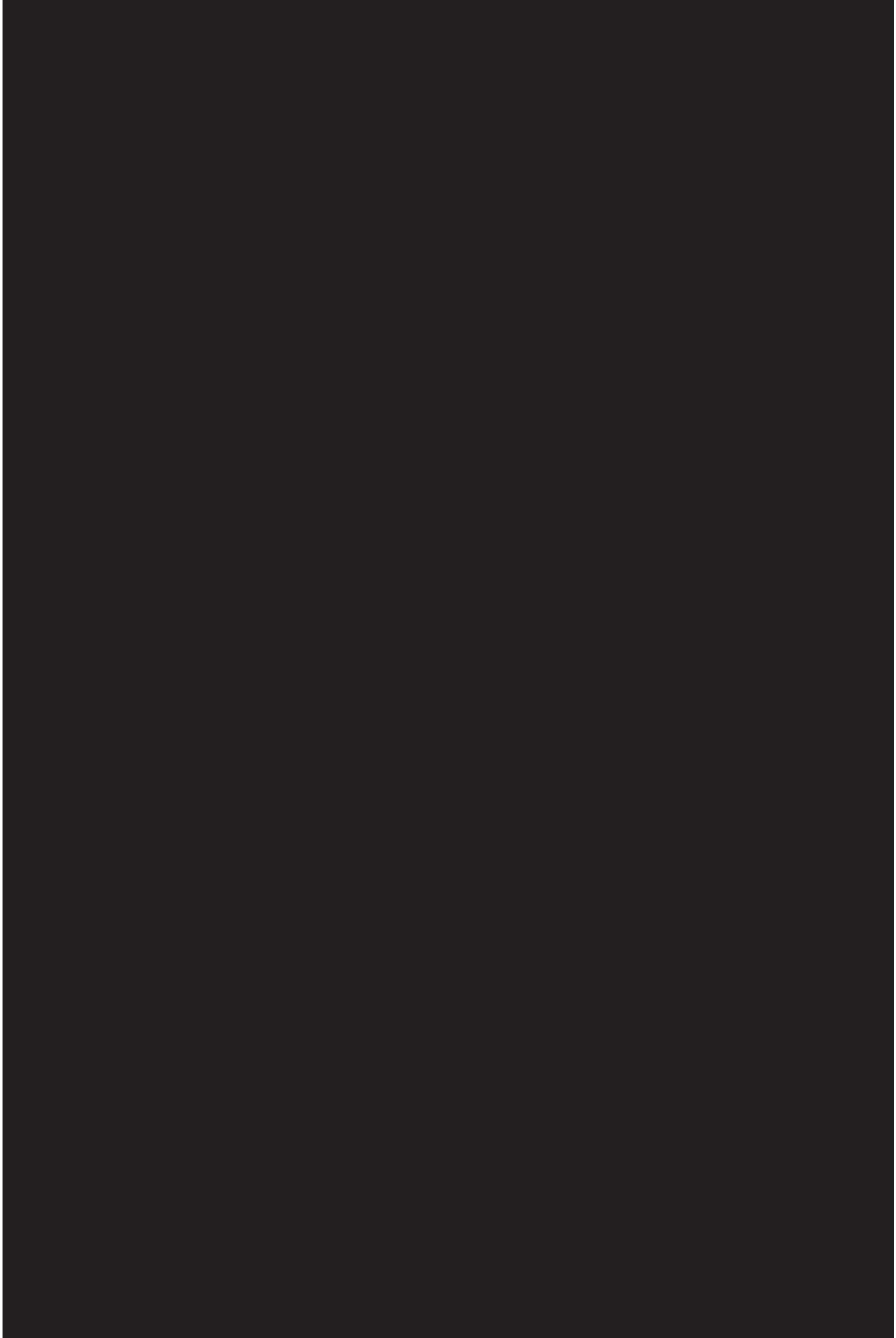


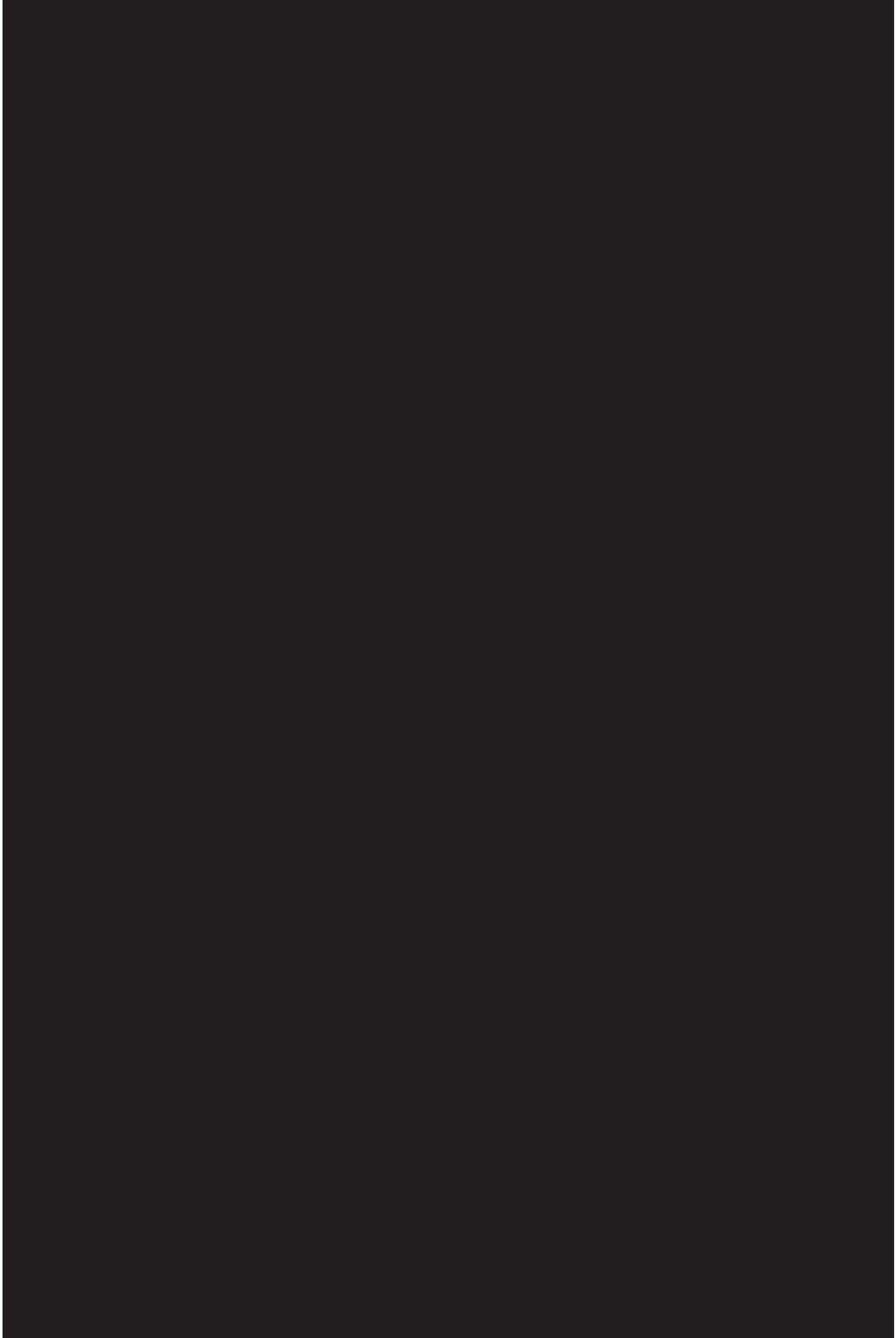


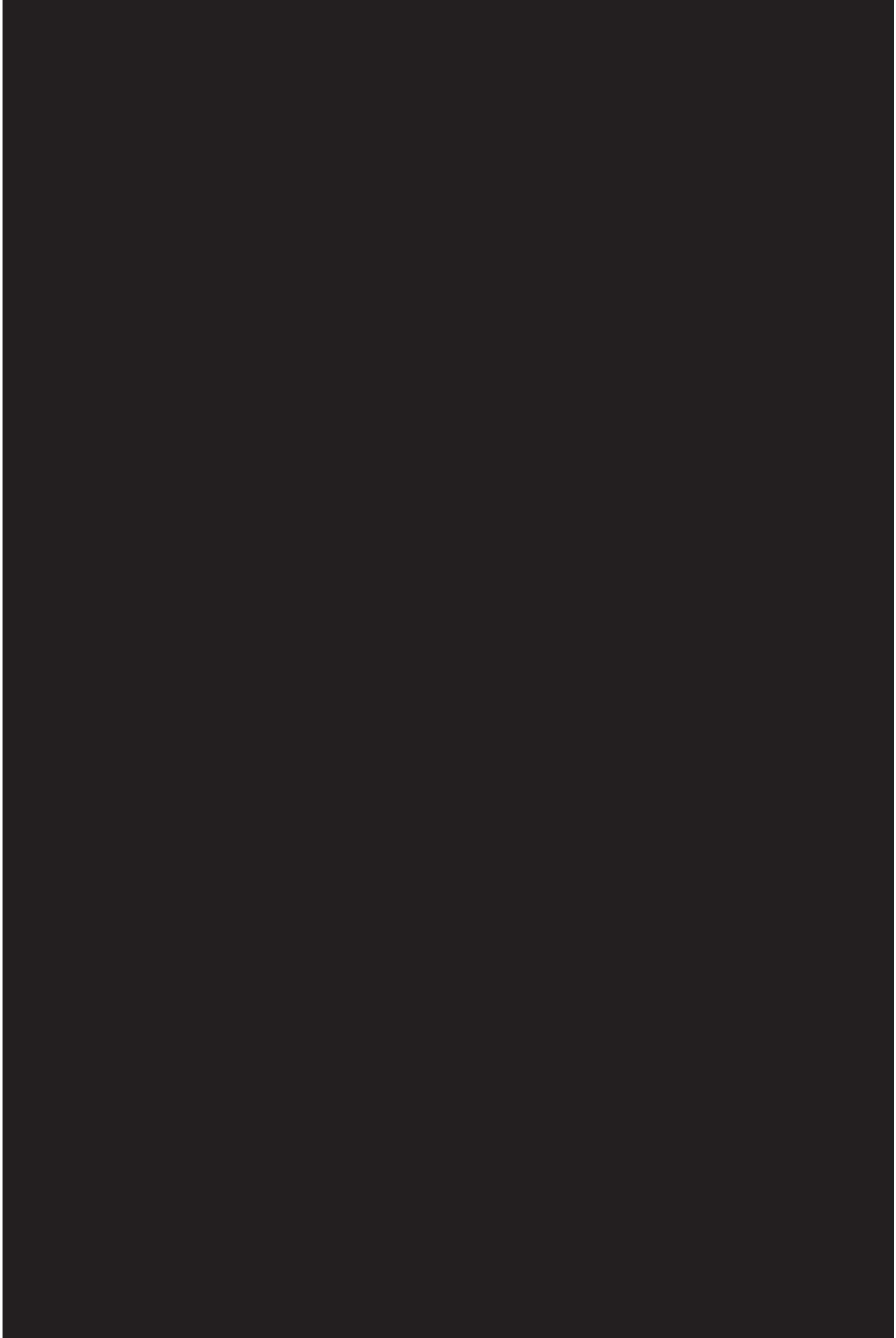


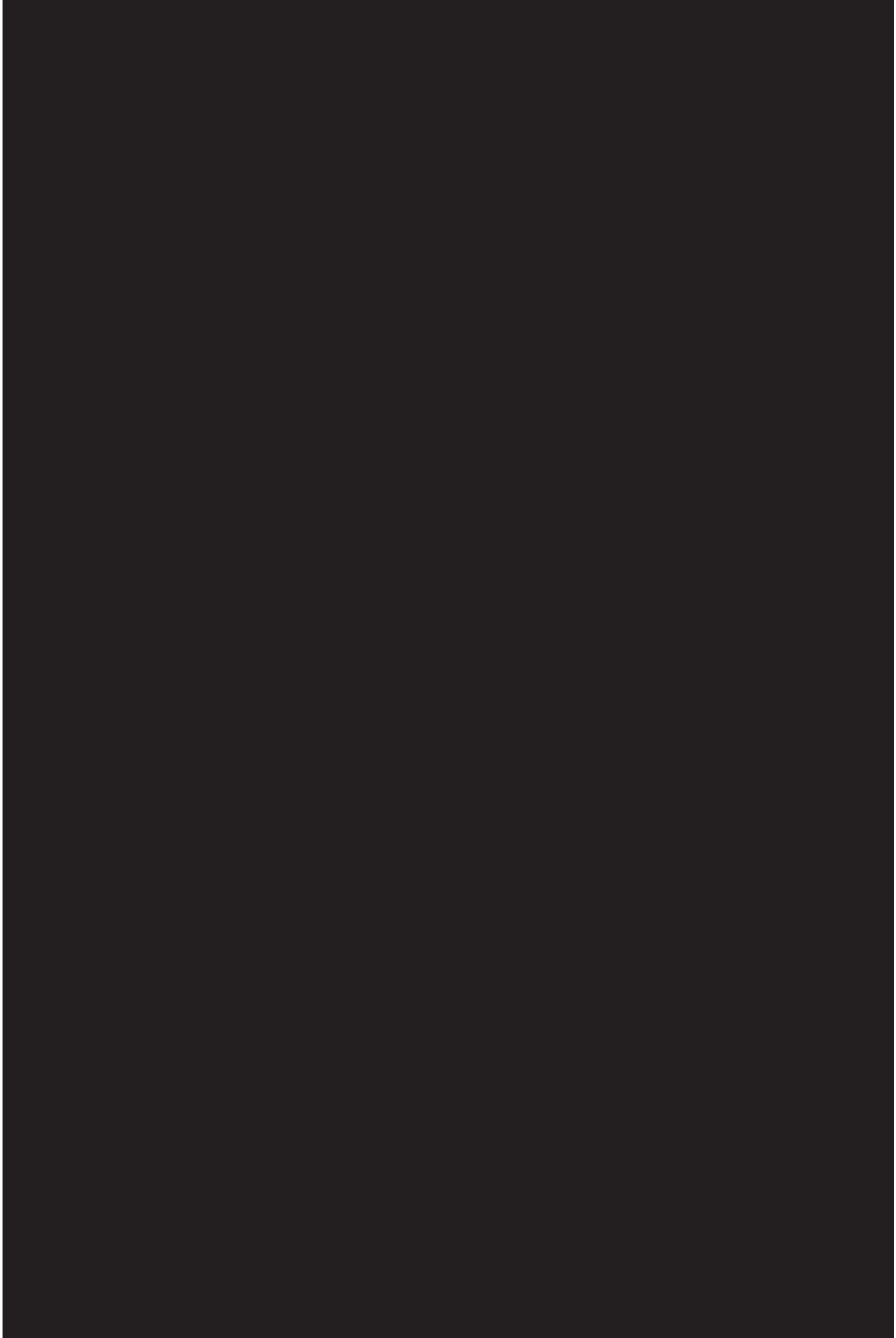


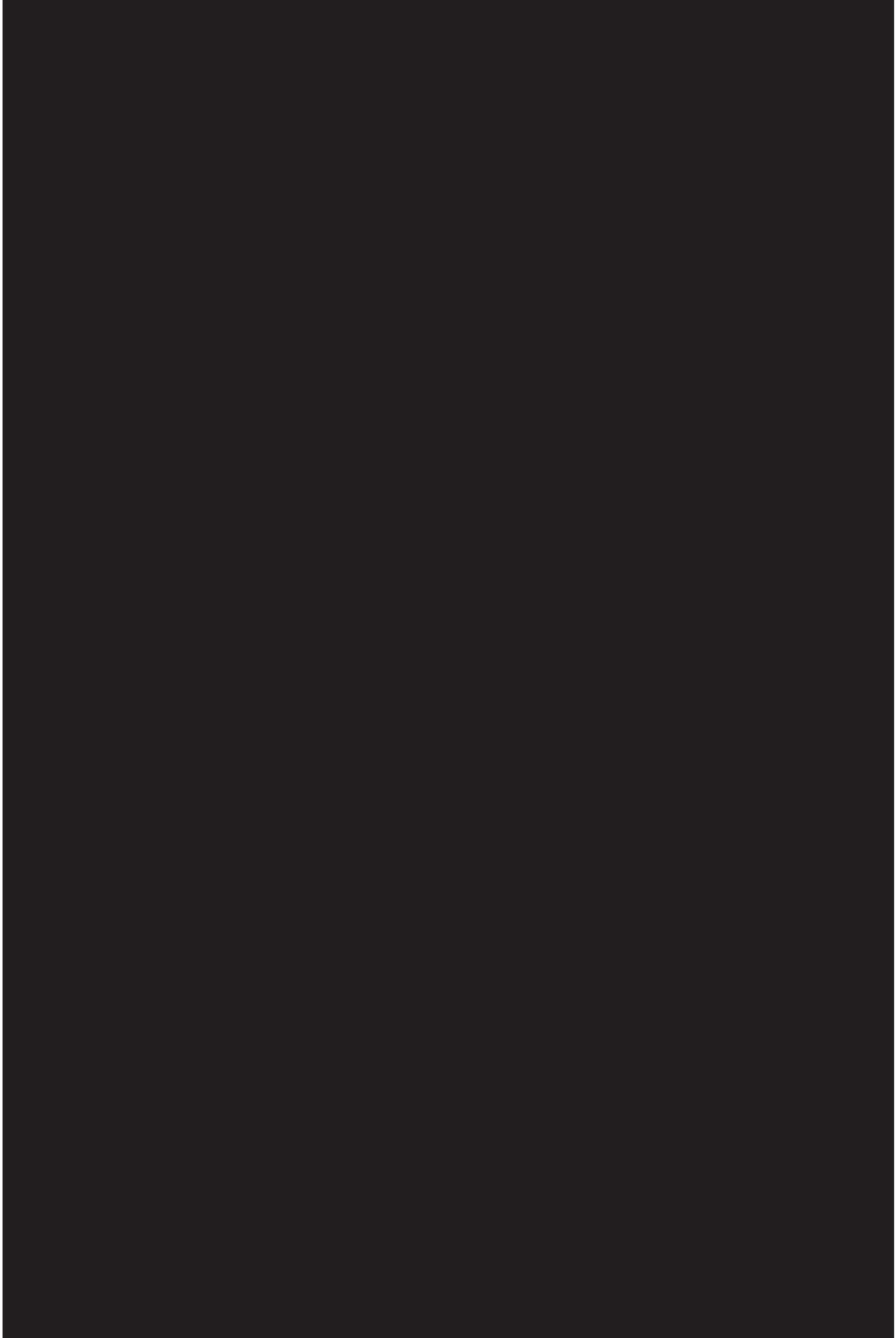




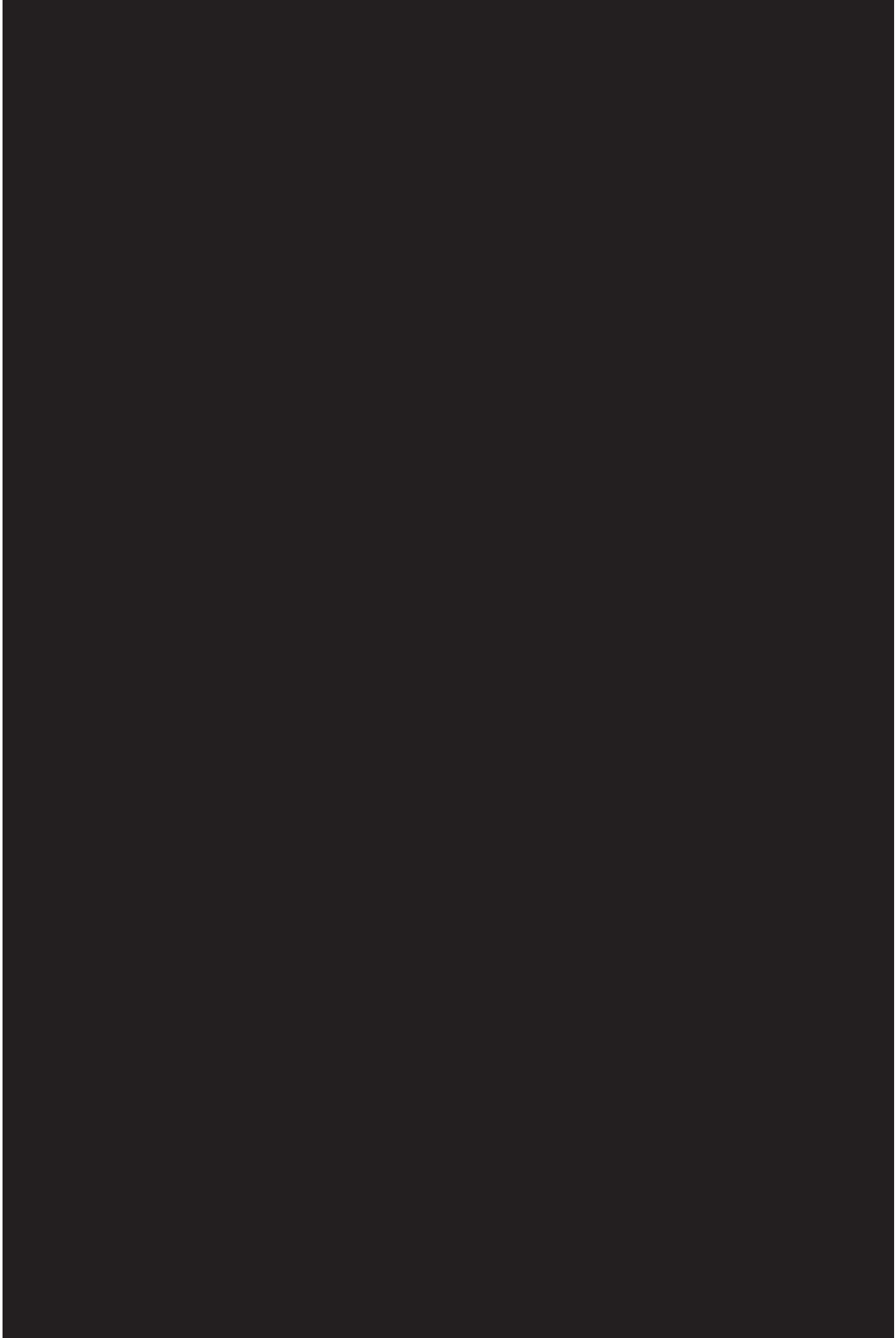


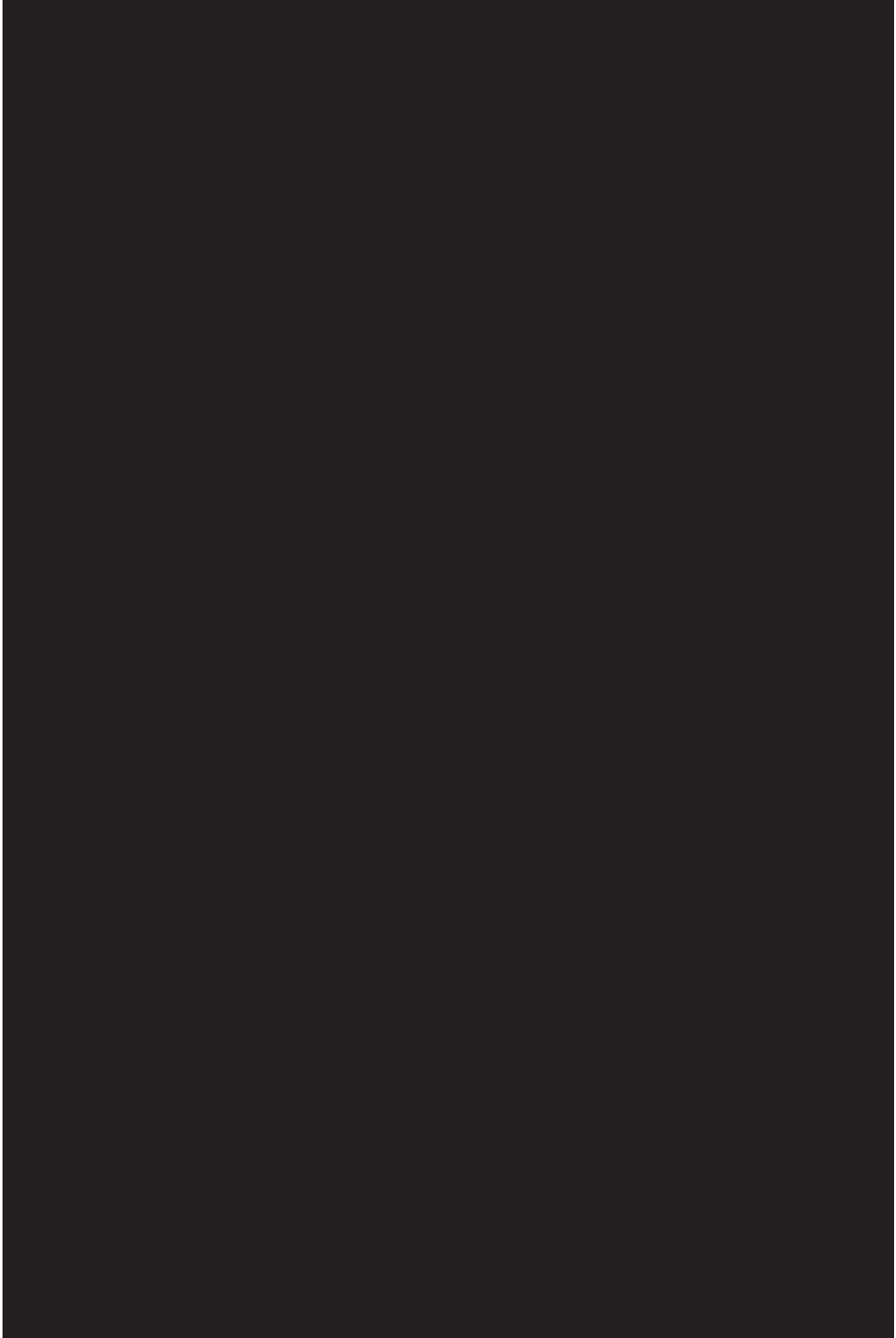


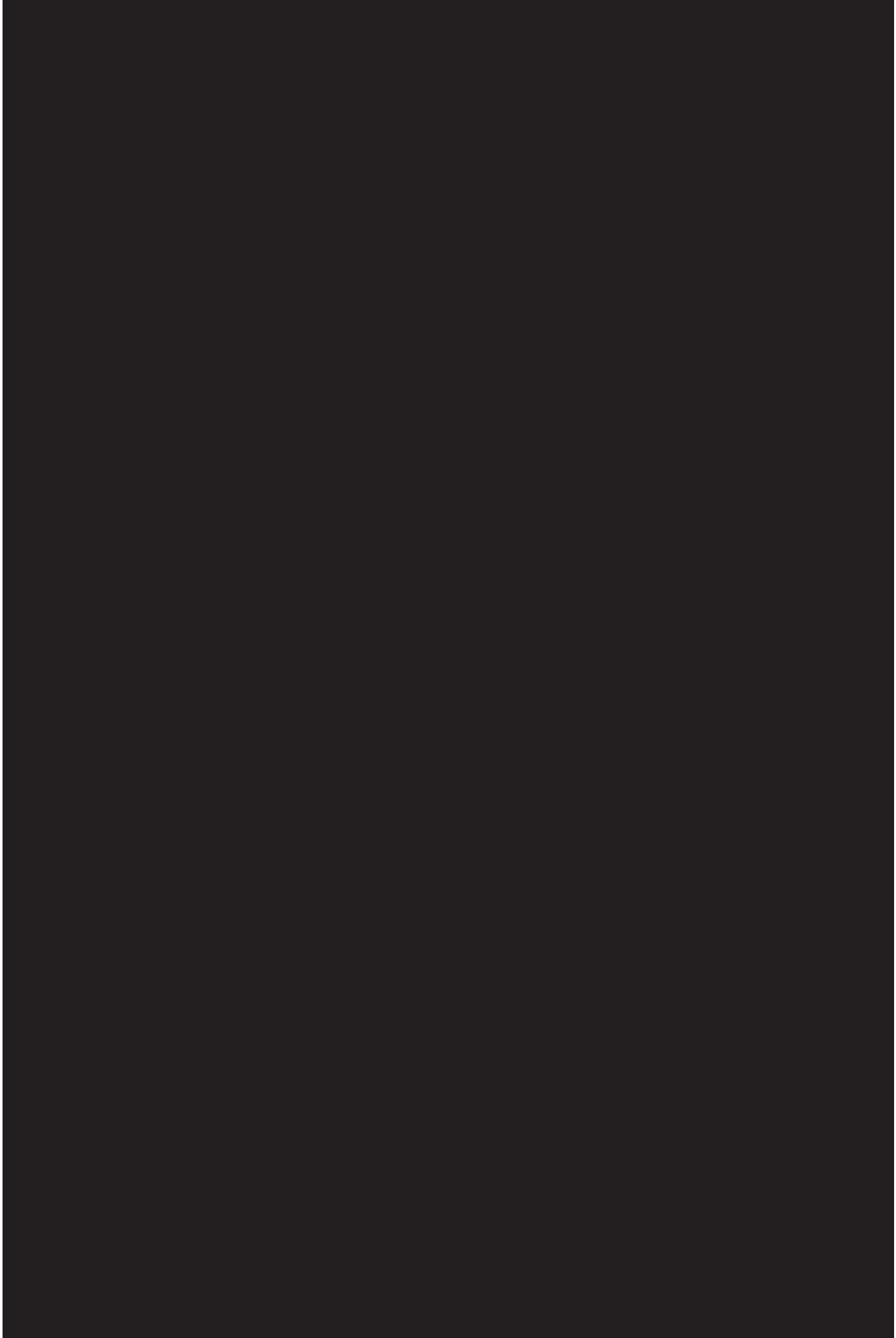


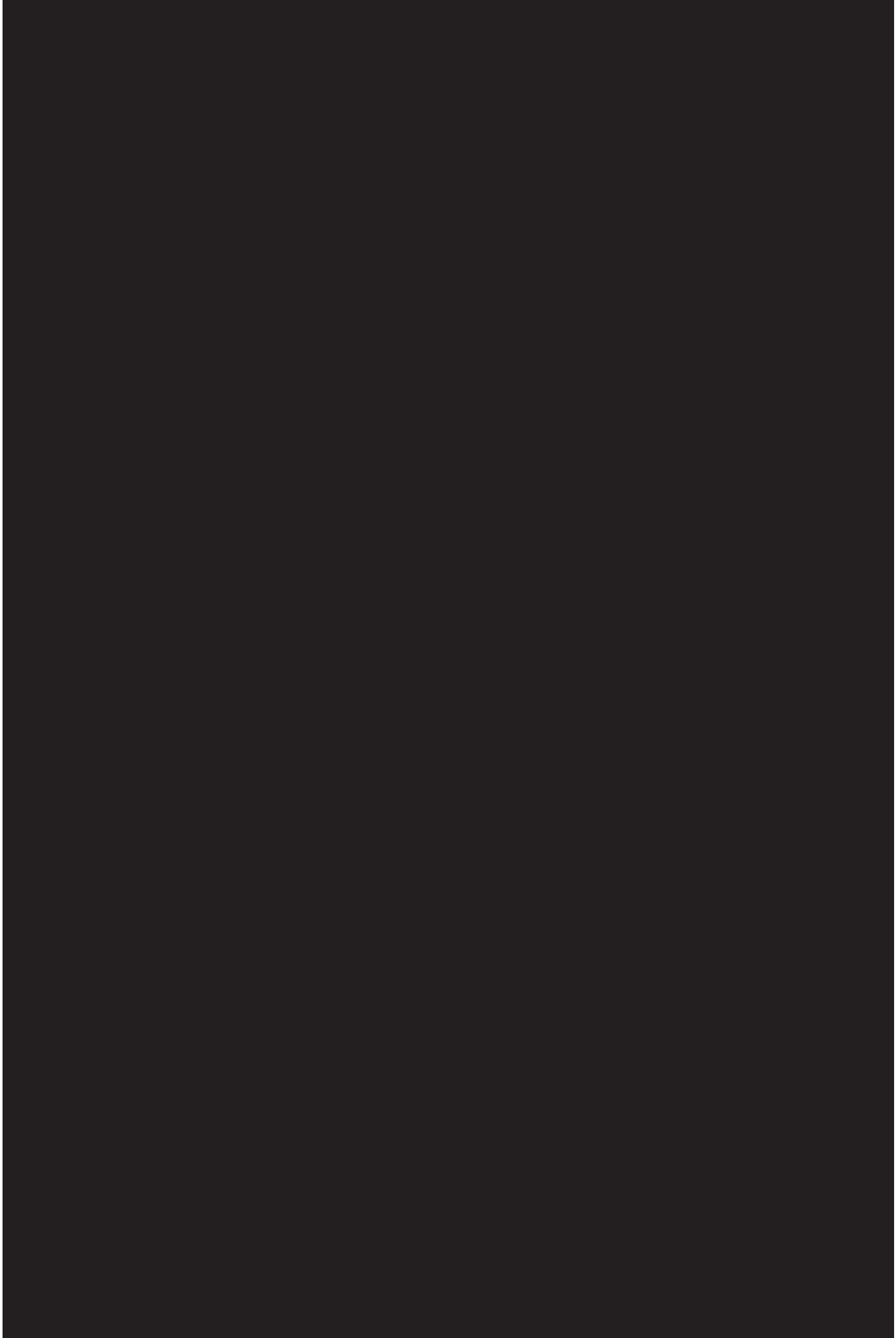


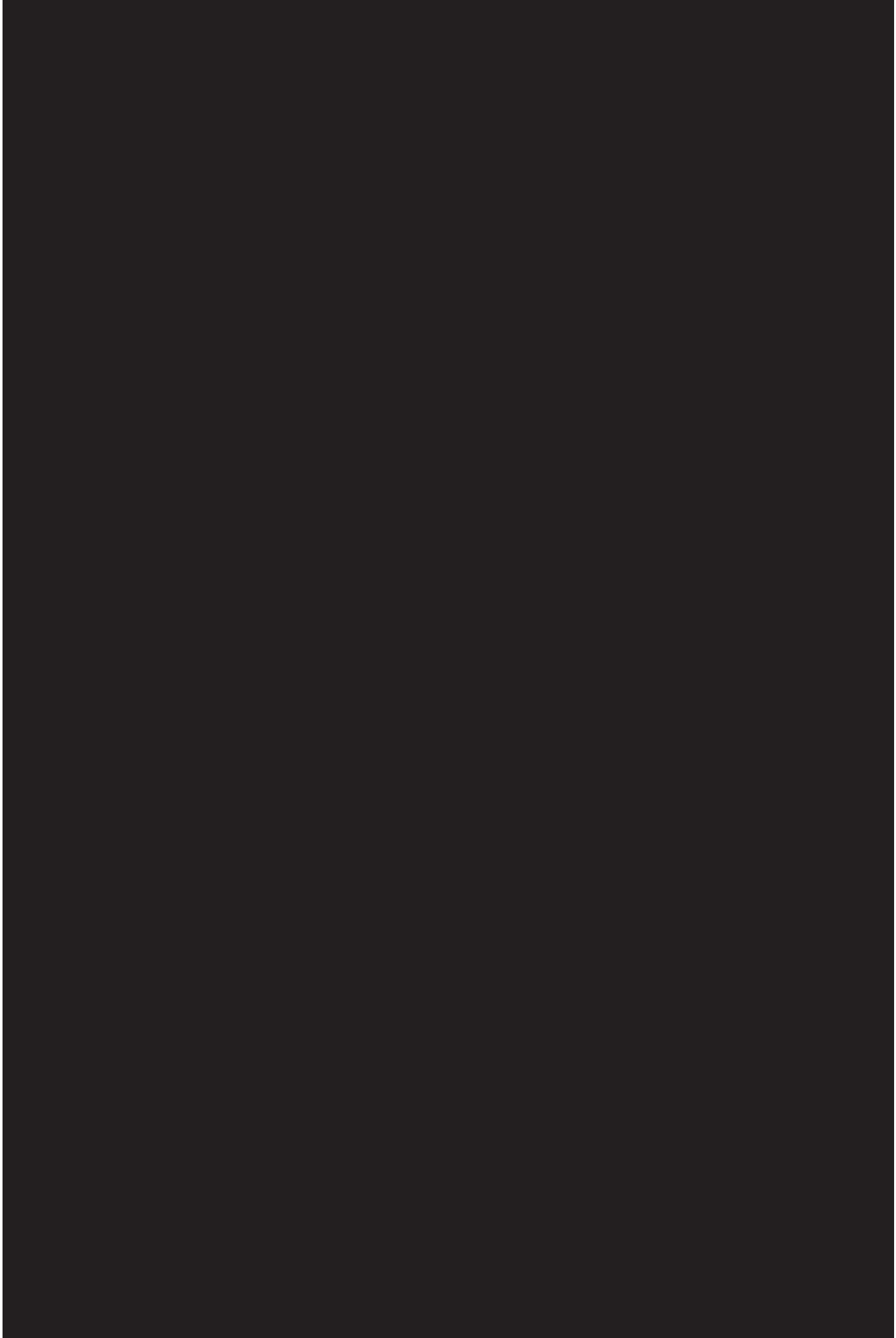


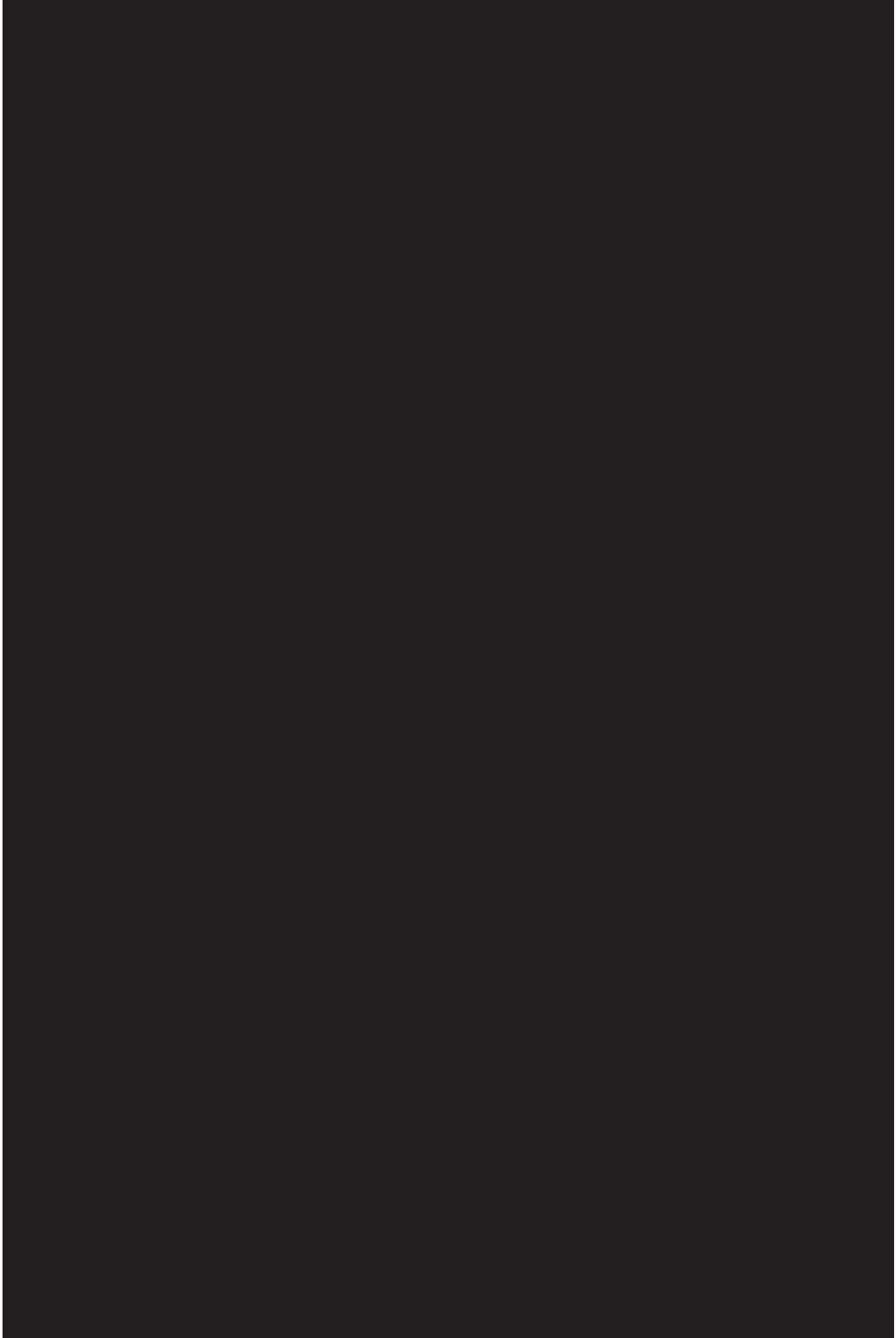


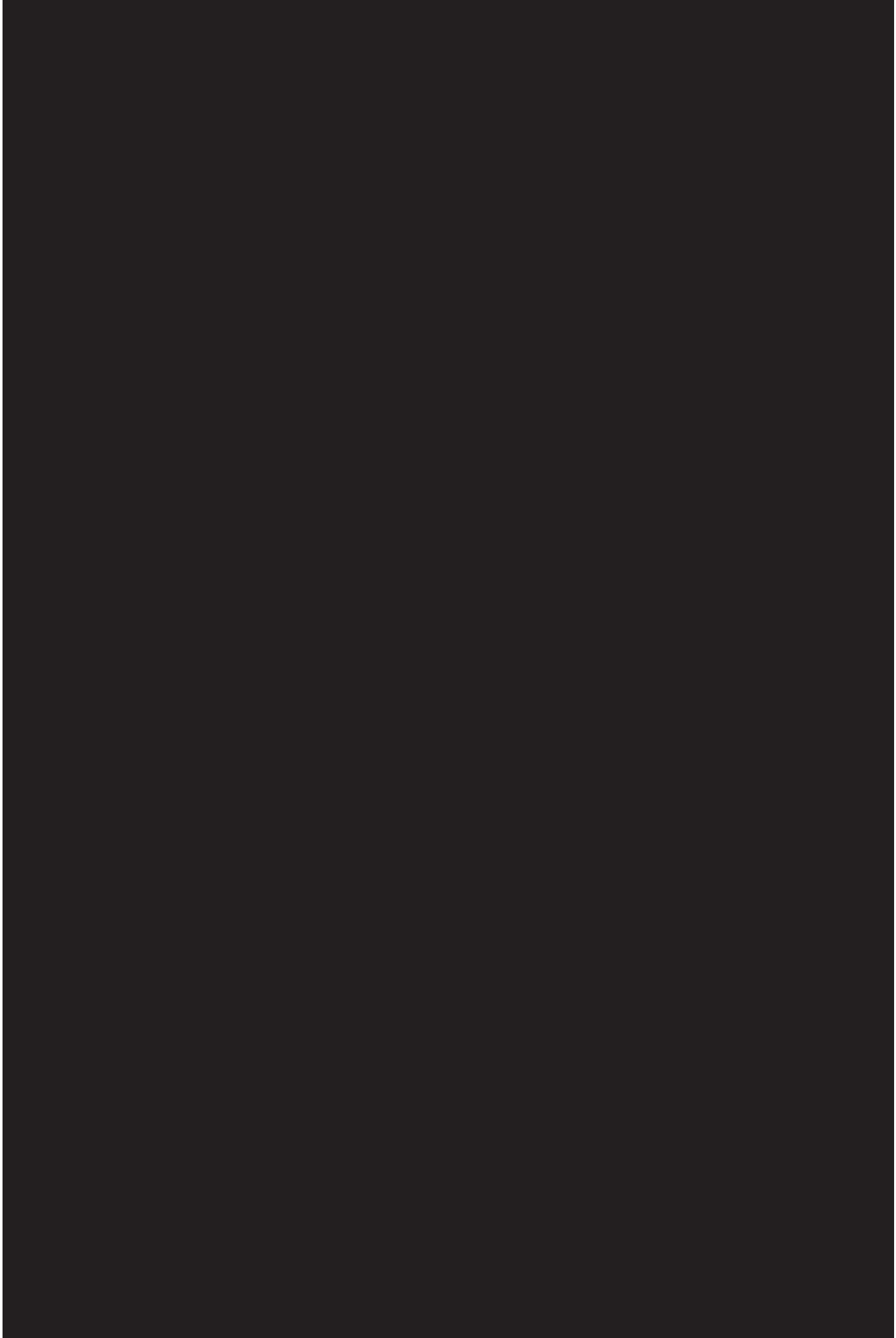


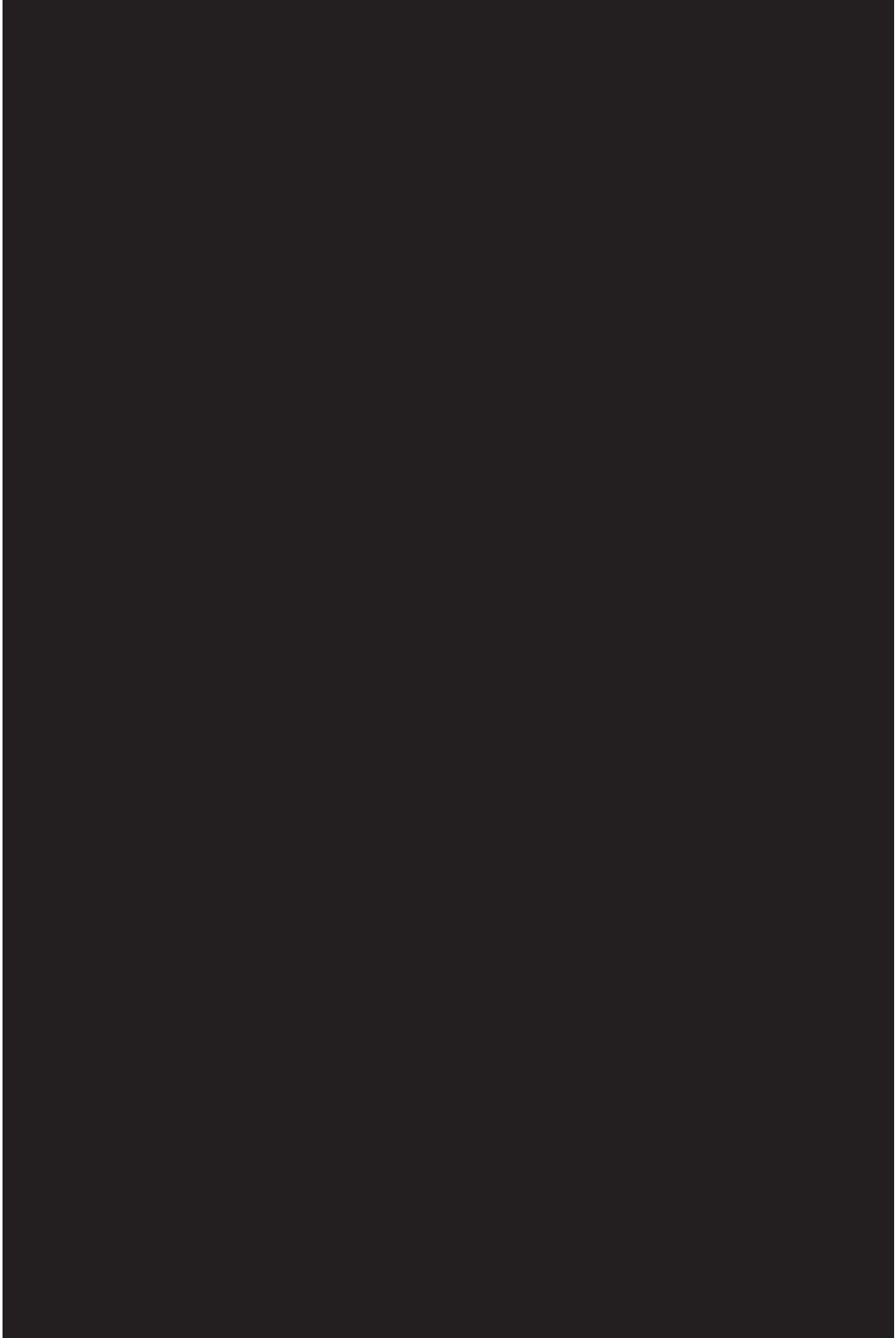


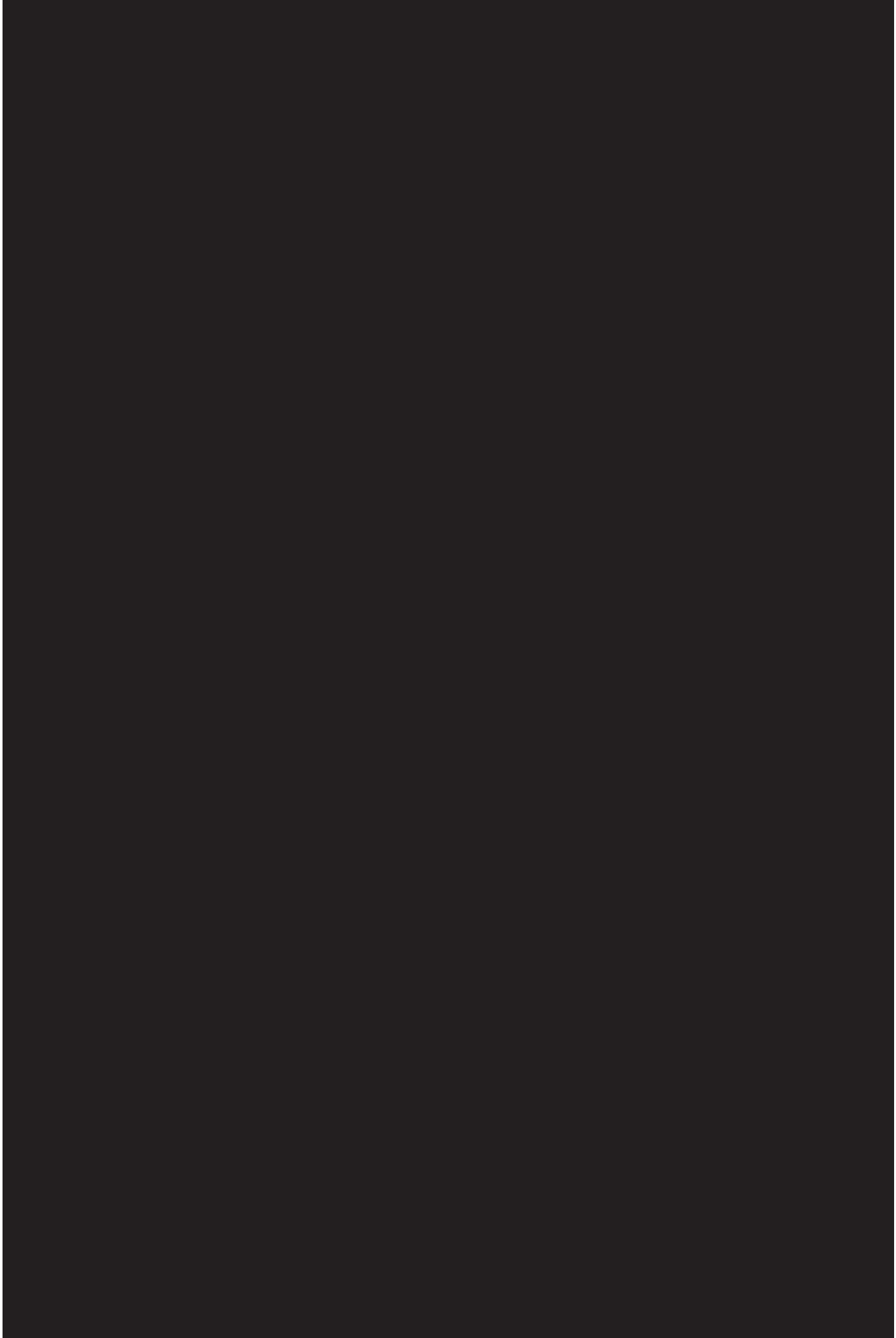


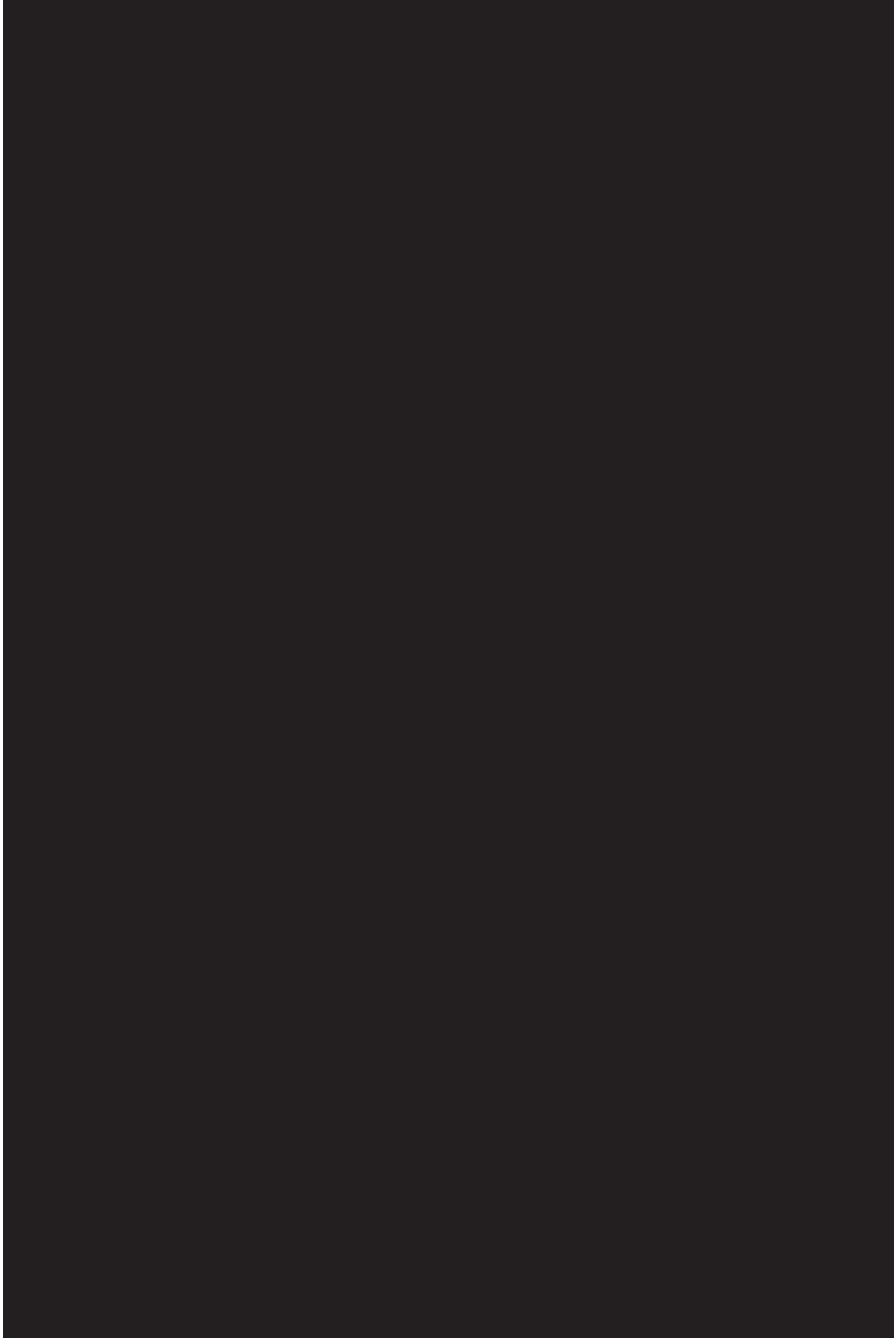


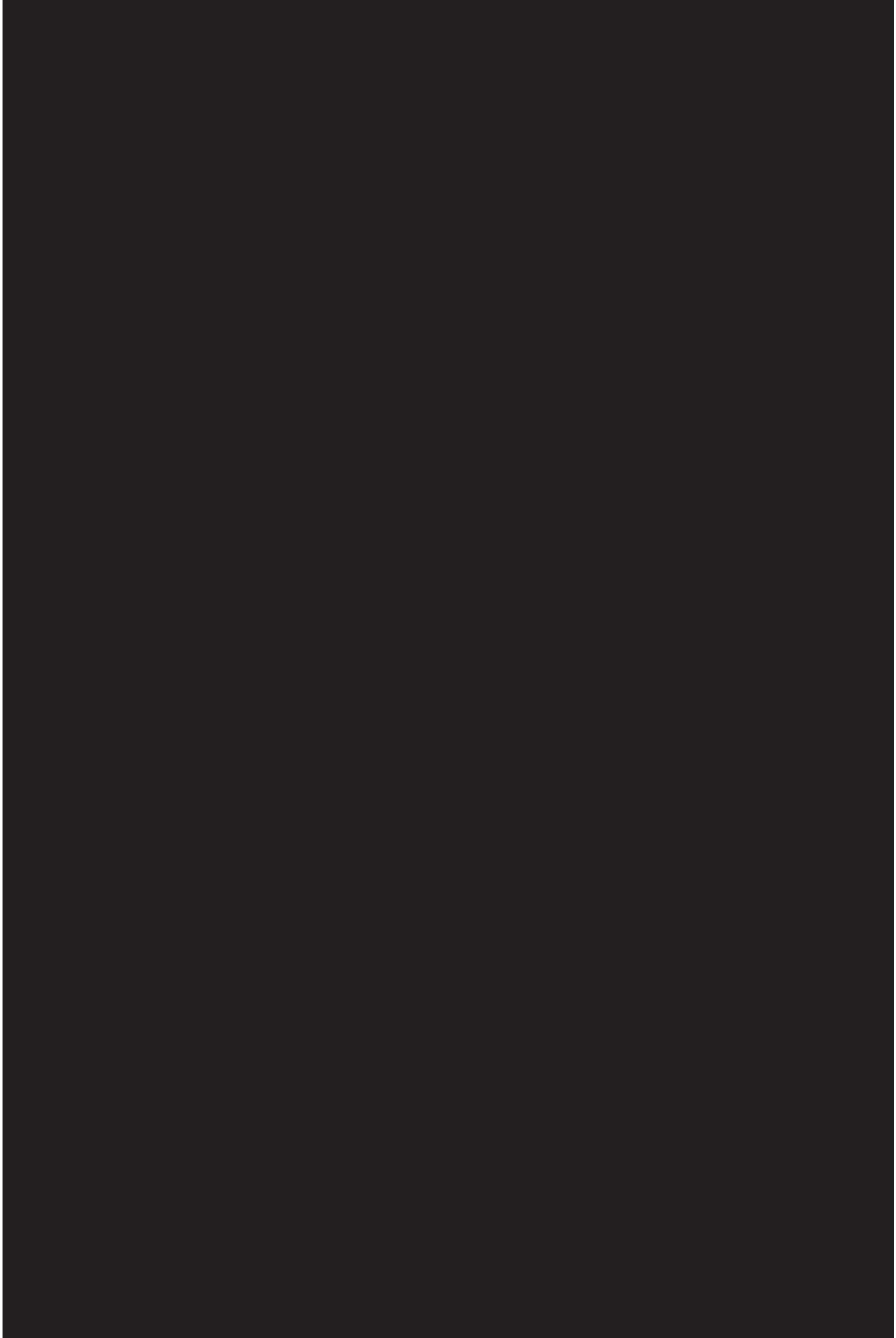


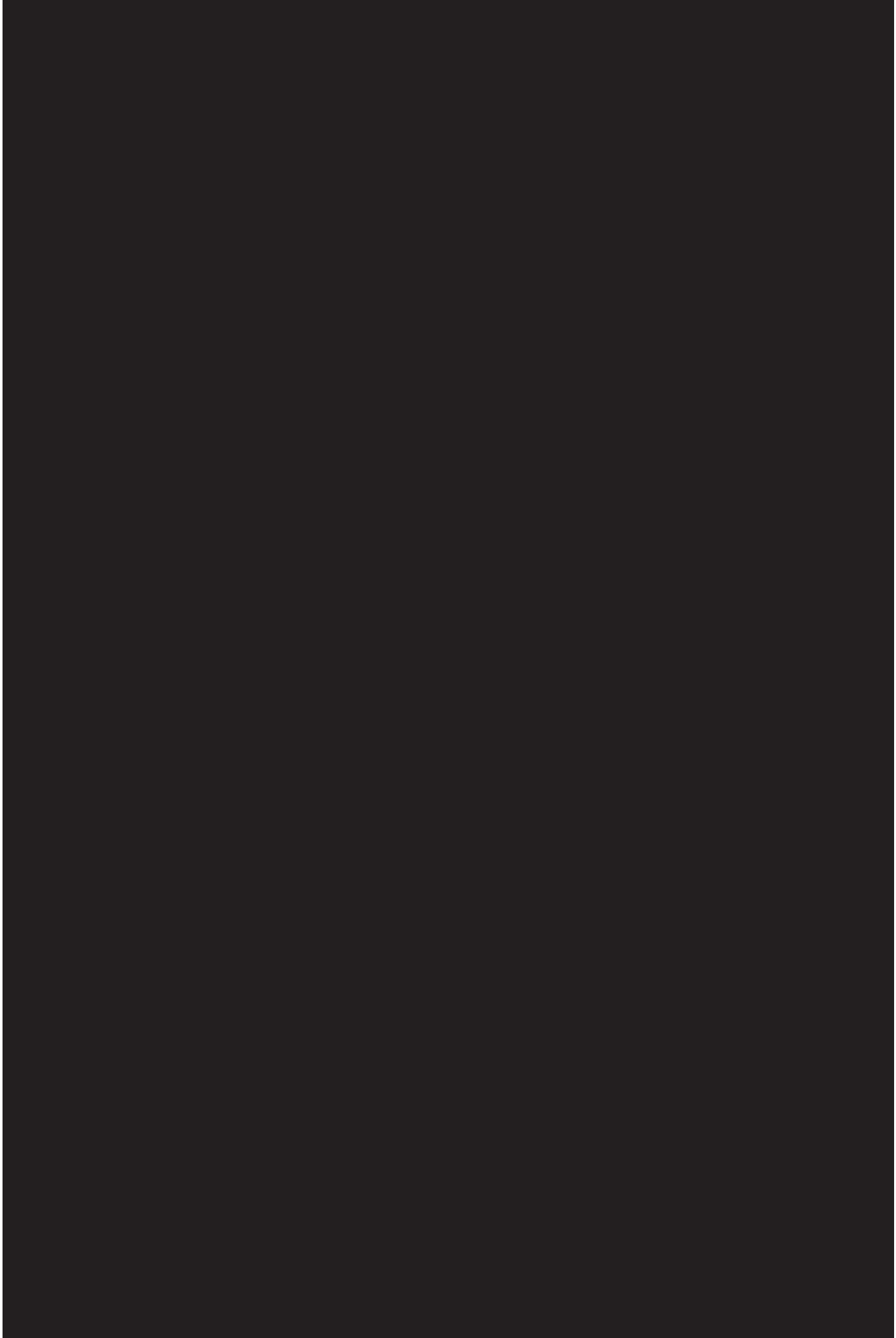


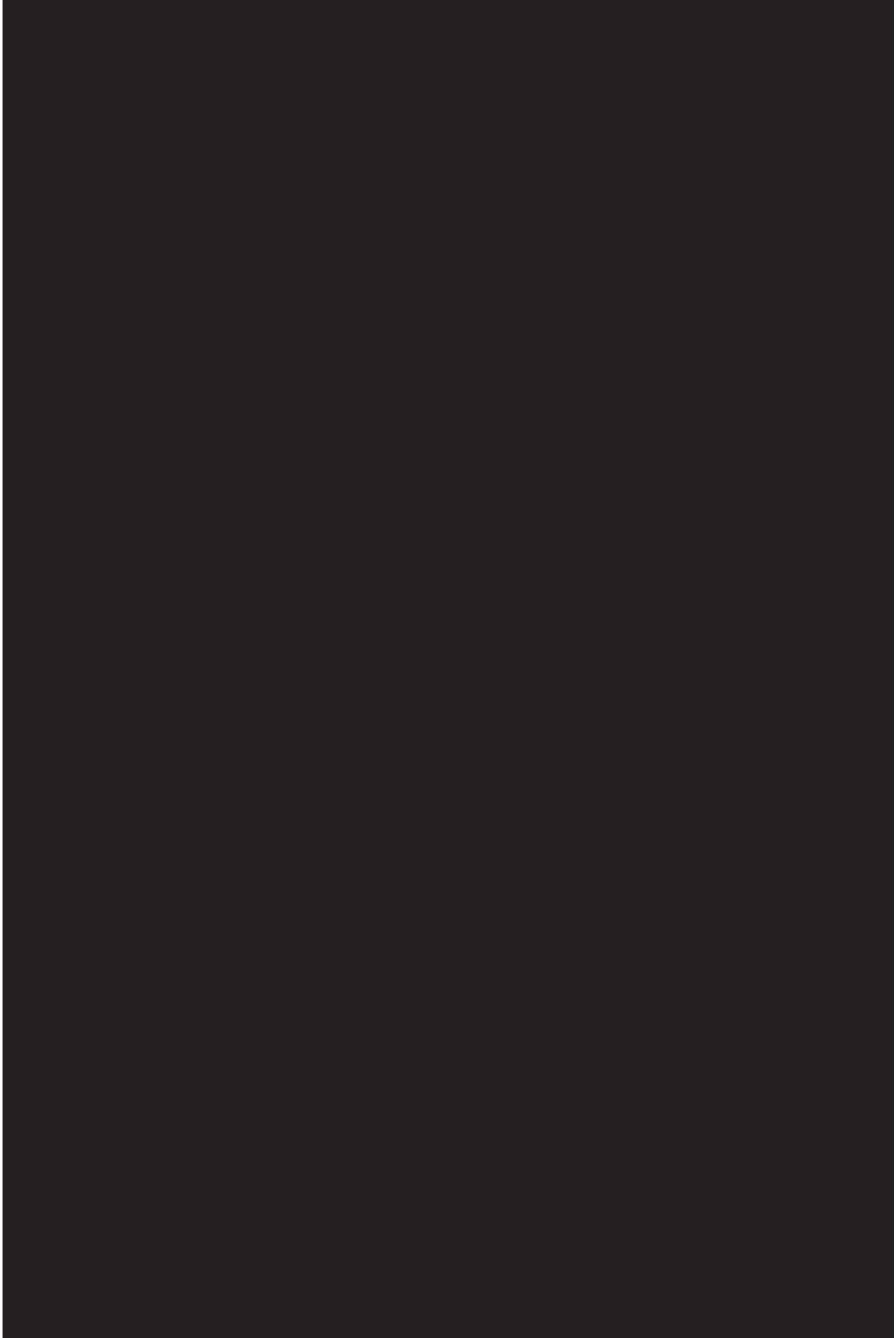




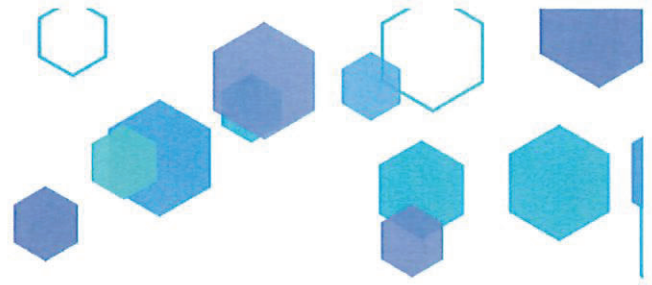






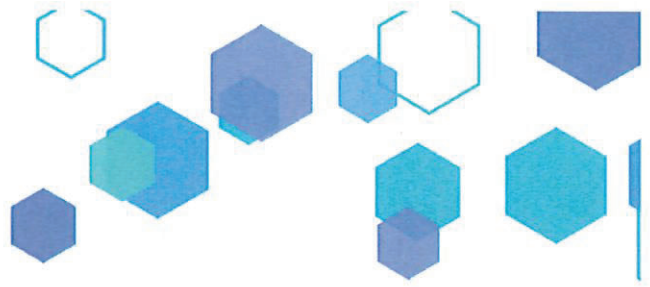


Section 4.14 – Applicant Acknowledgment

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

I, Tak Sato, 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): Tak Sato

Representative Signature: 

MMTC Applicant Name: STIIIZY Florida LLC

