



### FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
O'Donnell Landscapes Inc.				
Mailing Address				
4291 Williams Road				
City	Apt/Ste #	State	ZIP Code	Country
Estero		Florida	33928	United States

Contact Information		
First Name	Last Name	Middle Initial
Albert	O'Donnell	S
Telephone Number	Designated Email (for Department/Applicant Communications)	
239-572-1011	Al@odo.land	

Medical Director Information		
First Name	Last Name	Middle Initial
Shekyla	Scott	N
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME105197	313-433-5984	Shekyla@gmail.com

## Subsection 4.02 – Declaration of Exempt Information

The Applicant considers many portions of the documents, data, and records submitted in this application to be confidential, a trade secret or otherwise exempt from public inspection or disclosure pursuant to Florida's Public Records Law:

**Subsection 4.3.3 (Level 2 Background Screening):** Confidential and exempt from disclosure pursuant to sections 435.09, 688.001 – 688.009, 815.04, and 815.045, Florida Statutes. Social security numbers are exempt from disclosure pursuant to section 119.071(5)(a)5., Florida Statutes.

**Subsection 4.4.1 (Cultivation Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.4.2 (Cultivation Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.4.3 (Ability to Secure Cultivation Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.5.1 (Processing Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.5.2 (Processing Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.5.3 (Ability to Secure Processing Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.6.1 (Dispensing Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

## Subsection 4.02 – Declaration of Exempt Information

**Subsection 4.6.2 (including addendum – Dispensing Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.6.3 (Ability to Secure Dispensing Infrastructure):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.7.1 (including addendum – Premises Security):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.7.2 (IT Security):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.7.3 (Diversion, Unlawful Access, and Transportation):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.7.4 (Personnel Screening and Training):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.7.5 (Recalls):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.8.1 (Experience in the Marijuana Industry):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.8.2 (Other Relevant Experience):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.8.3 (Business Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

## Subsection 4.02 – Declaration of Exempt Information

**Subsection 4.8.4 (Prior Enforcement Action):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.9.1 (Experience in the Marijuana Industry):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.9.2 (including addendum – Other Relevant Experience):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.9.3 (Oversight):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.9.4 (Managing Conflicts of Interest):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.9.5 (Medical Director Acknowledgement and Certificate of Course Completion):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.10.1 (including addendum – Personnel Qualifications):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.10.2 (Drug-Free Workplace):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.10.3 (Personnel Training):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.



## Subsection 4.02 – Declaration of Exempt Information

**Subsection 4.11.1 (Diversity Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.11.2 (Implementation of Diversity Plan):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.12.1 (Certified Financial Statements):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.12.2 (including addendum – Available Funding):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.12.3 (including addendum – Projected Budget):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.13.2 (Ownership Information for Entity Applicants):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

**Subsection 4.13.3 (Capitalization Tables, Change of Control, and Related Entities):** Confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

# *State of Florida*

## *Department of State*

I certify from the records of this office that O'DONNELL LANDSCAPES, INC. is a corporation organized under the laws of the State of Florida, filed on December 2, 1991.


The document number of this corporation is S97353.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 3, 2023, and that its status is active.

I further certify that said corporation 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 Twenty-fifth day of April, 2023*



  
*Secretary of State*

Tracking Number: 6946044586CU

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

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

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.**Current Principal Place of Business:**4291 WILLIAMS ROAD  
ESTERO, FL 33928**Current Mailing Address:**4291 WILLIAMS ROAD  
ESTERO, FL 33928 US**FEI Number:** 65-0301159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	O'DONNELL, ALBERT S
Address	4291 WILLIAMS RD.
City-State-Zip:	ESTERO FL 33928

Title	DS
Name	O'DONNELL, PATRICIA
Address	4291 WILLIAMS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DVP
Name	O'DONNELL, STEPHEN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DIRECTOR, TREASURER
Name	O'DONNELL, KRISTIN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN O'DONNELL

TREAS

01/03/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.**Current Principal Place of Business:**4291 WILLIAMS ROAD  
ESTERO, FL 33928**Current Mailing Address:**4291 WILLIAMS ROAD  
ESTERO, FL 33928 US**FEI Number:** 65-0301159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	O'DONNELL, ALBERT S
Address	4291 WILLIAMS RD.
City-State-Zip:	ESTERO FL 33928

Title	DS
Name	O'DONNELL, PATRICIA
Address	4291 WILLIAMS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DVP
Name	O'DONNELL, STEPHEN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DIRECTOR, TREASURER
Name	O'DONNELL, KRISTIN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN O'DONNELL

TREASURER

01/06/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.**Current Principal Place of Business:**4291 WILLIAMS ROAD  
ESTERO, FL 33928**Current Mailing Address:**4291 WILLIAMS ROAD  
ESTERO, FL 33928 US**FEI Number:** 65-0301159**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	O'DONNELL, ALBERT S
Address	4291 WILLIAMS RD.
City-State-Zip:	ESTERO FL 33928

Title	DS
Name	O'DONNELL, PATRICIA
Address	4291 WILLIAMS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DVP
Name	O'DONNELL, STEPHEN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

Title	DIRECTOR, TREASURER
Name	O'DONNELL, KRISTIN
Address	22201 KINGS ROAD
City-State-Zip:	ESTERO FL 33928

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA O'DONNELL**SECRETARY****01/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.

**Current Principal Place of Business:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928

**Current Mailing Address:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928 US

**FEI Number:** 65-0301159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name O'DONNELL, ALBERT S  
Address 4291 WILLIAMS RD.  
City-State-Zip: ESTERO FL 33928

Title DS  
Name O'DONNELL, PATRICIA  
Address 4291 WILLIAMS ROAD  
City-State-Zip: ESTERO FL 33928

Title DVP  
Name O'DONNELL, STEPHEN  
Address 9621 FALCONER WAY  
City-State-Zip: ESTERO FL 33928

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT O'DONNELL

**OFFICE MANAGER**

**01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.

**Current Principal Place of Business:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928

**Current Mailing Address:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928 US

**FEI Number:** 65-0301159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name O'DONNELL, ALBERT S  
Address 4291 WILLIAMS RD.  
City-State-Zip: ESTERO FL 33928

Title DS  
Name O'DONNELL, PATRICIA  
Address 4291 WILLIAMS ROAD  
City-State-Zip: ESTERO FL 33928

Title DVP  
Name O'DONNELL, STEPHEN  
Address 9621 FALCONER WAY  
City-State-Zip: ESTERO FL 33928

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA O'DONNELL

**SECRETARY**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97353

**Entity Name:** O'DONNELL LANDSCAPES, INC.

**Current Principal Place of Business:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928

**Current Mailing Address:**

4291 WILLIAMS ROAD  
ESTERO, FL 33928 US

**FEI Number:** 65-0301159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'DONNELL, ALBERT  
4291 WILLIAMS ROAD  
ESTERO,, FL 33928 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name O'DONNELL, ALBERT S  
Address 4291 WILLIAMS RD.  
City-State-Zip: ESTERO FL 33928

Title DS  
Name O'DONNELL, PATRICIA  
Address 4291 WILLIAMS ROAD  
City-State-Zip: ESTERO FL 33928

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Name O'DONNELL, STEPHEN  
Address 9621 FALCONER WAY  
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**SIGNATURE:** PATRICIA O'DONNELL

**SECRETARY**

**03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date





**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

NICOLE "NIKKI" FRIED  
COMMISSIONER

**ISSUED TO:**

O'DONNELL LANDSCAPES, INC.  
O'DONNELL, ALBERT  
4291 WILLIAMS RD  
ESTERO, FL 33928-2939

**THIS CERTIFICATE EXPIRES:** 01/04/2024

**FEE PAID:** \$300.00

**REGISTRATION NO.:** 04718373

**DATE ISSUED:** 12/09/2022

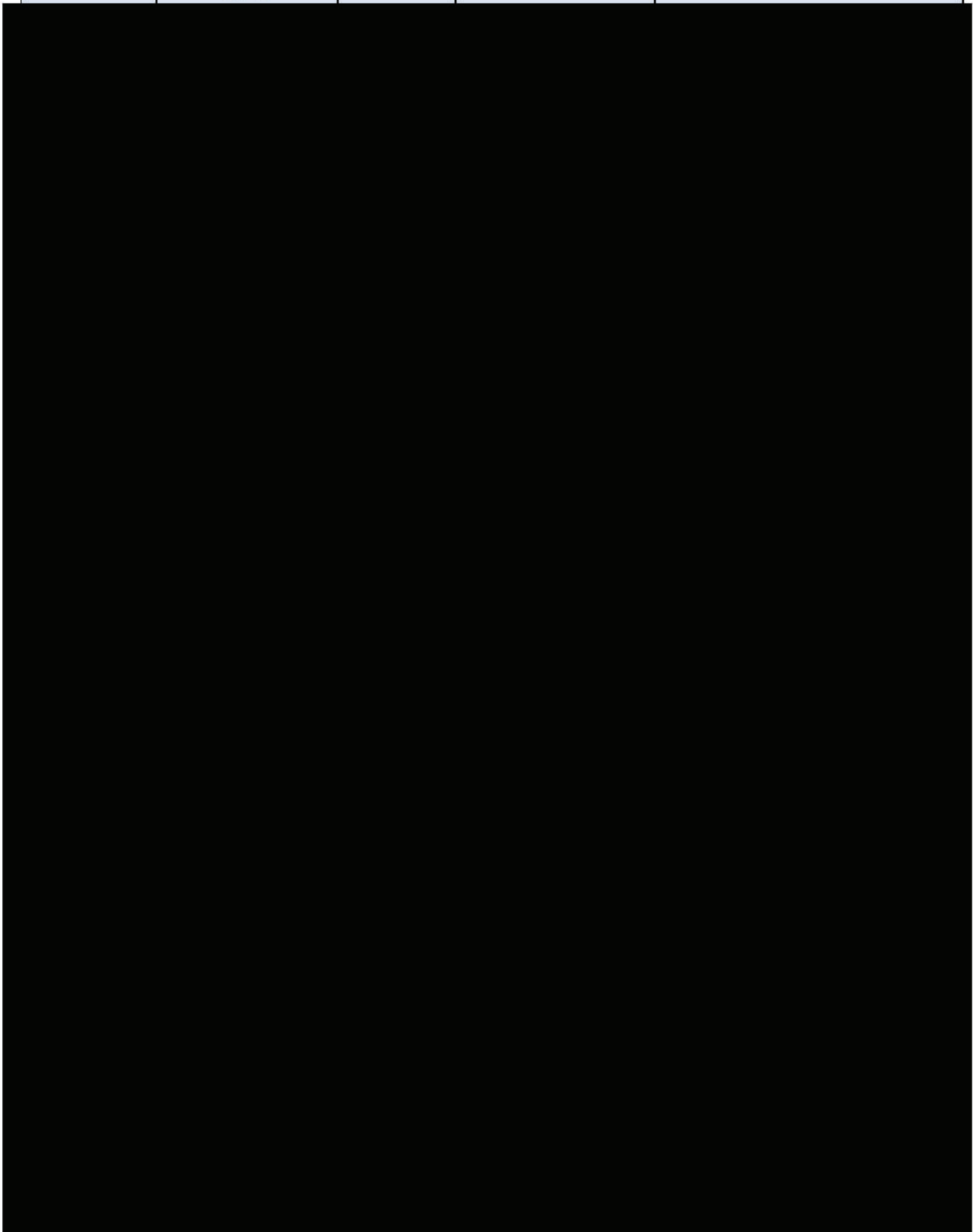
THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.

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

*Nicole Fried*

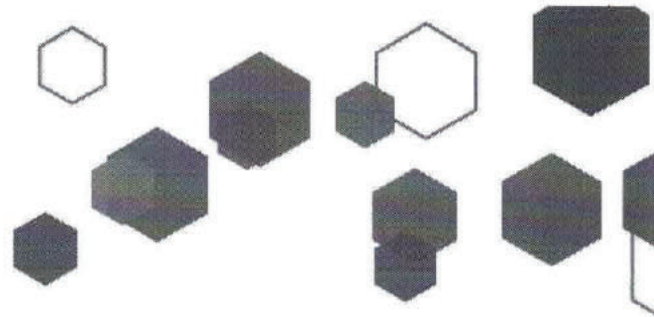
Subsection 4.3.3 – Level 2 Background Screening

Name	Position (Owner or Manager)	Email	Physical Mailing Address	Livescan TCN Number
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**REDACTED COPY**



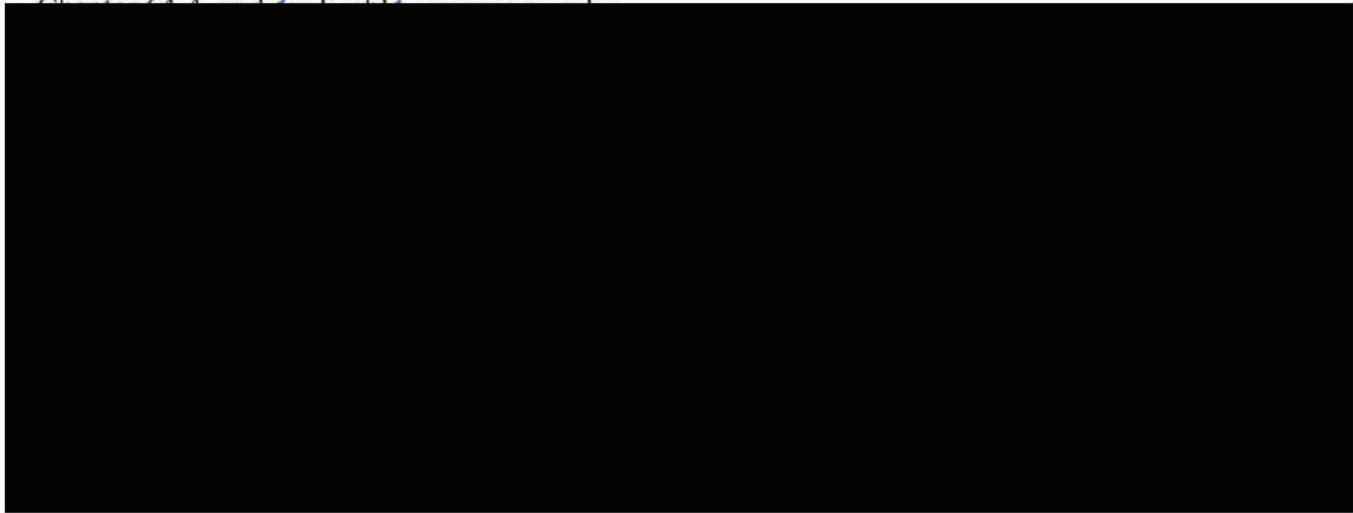
REDACTED COPY

**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 Chapter 64A, and 12A DSHF.



O'Donnell Landscapes Inc

MMTC Applicant Name



REDACTED COPY

**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**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 64-4, and applicable emergency rules.

O'Donnell Landscapes Inc.  
MMTC Applicant Name

**REDACTED COPY**

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
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 64-4, and applicable emergency rules.

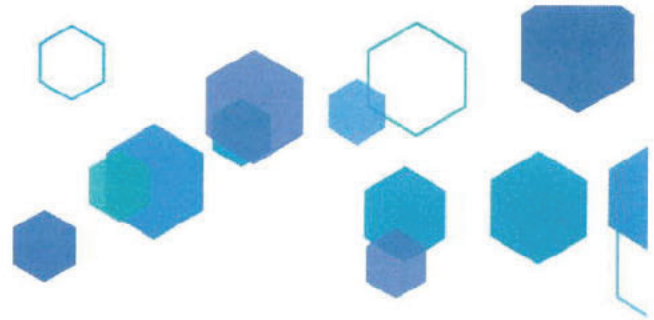


O'Donnell Landscapes Inc.

---

MMTC Applicant Name





**REDACTED COPY**

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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

O'Donnell Landscapes Inc.

MMTC Applicant Name



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For Criminal History Record Checks**

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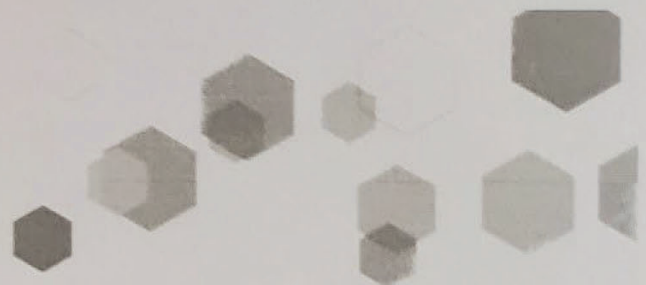
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O'Donnell Landscapes Inc.

\_\_\_\_\_  
MMTC Applicant Name



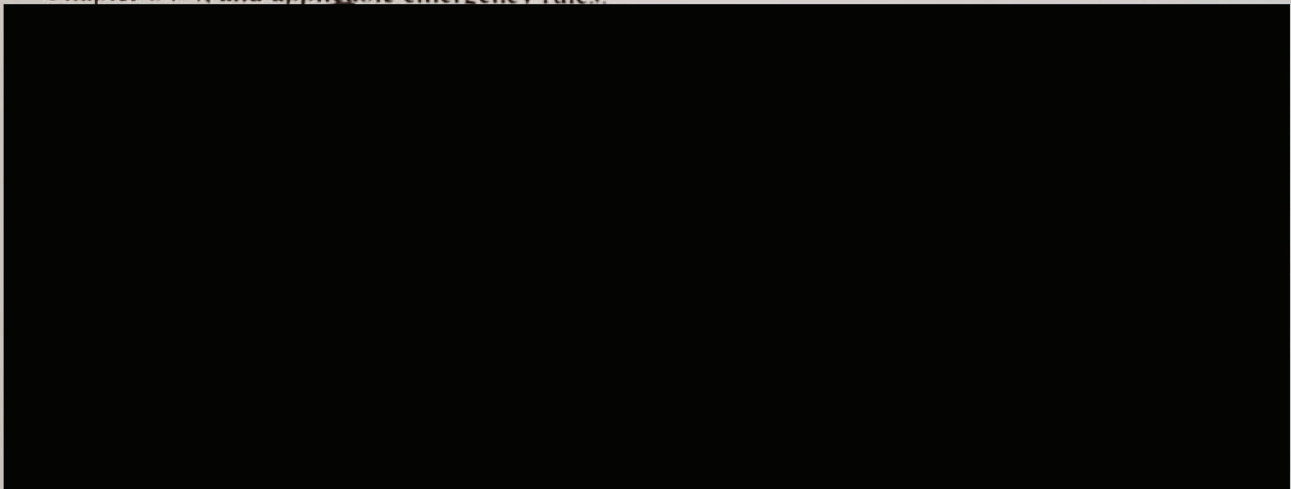


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O'Donnell Landscapes Inc.

MMTC Applicant Name

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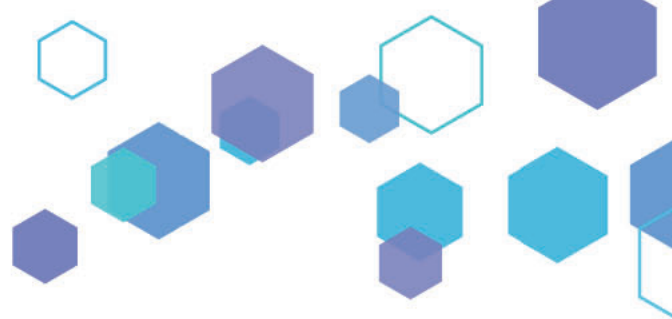
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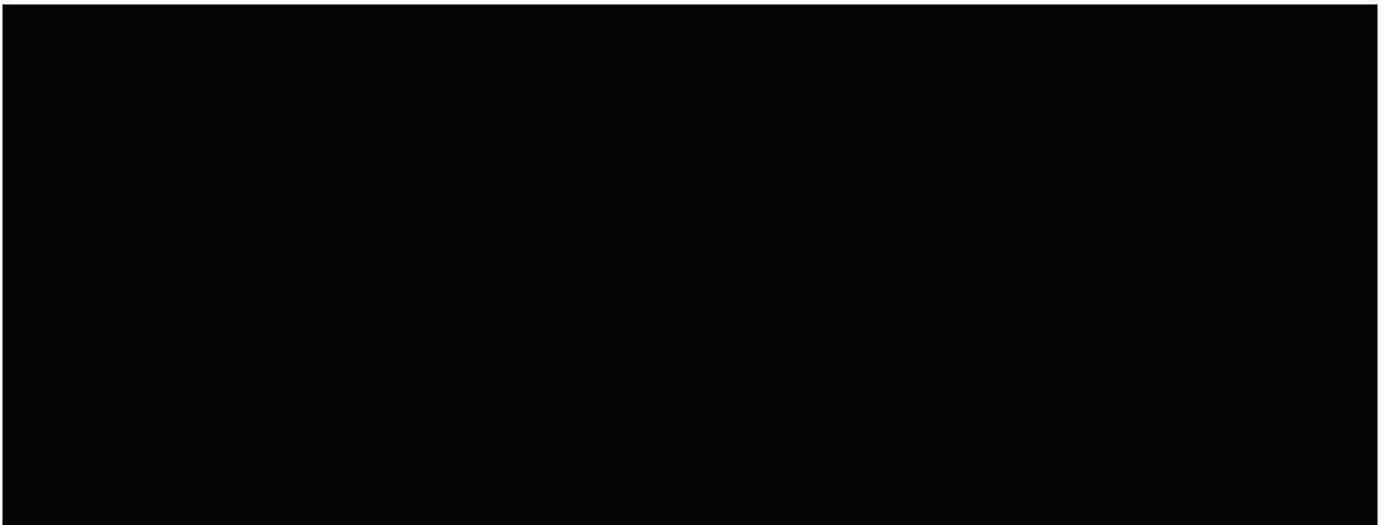


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O'Donnell Landscapes Inc.

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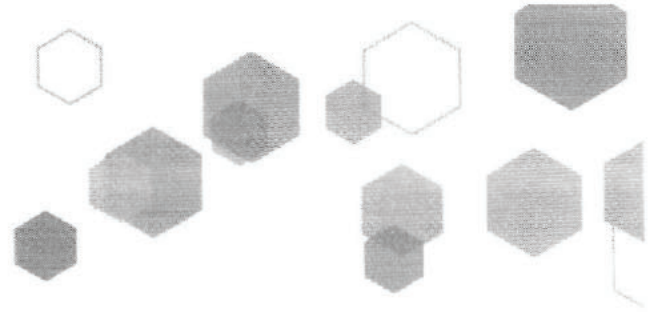
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MMTC Applicant Name

Subsection 4.4.1 – Cultivation Plan





Subsection 4.4.1 – Cultivation Plan



Subsection 4.4.1 – Cultivation Plan









Subsection 4.4.1 – Cultivation Plan

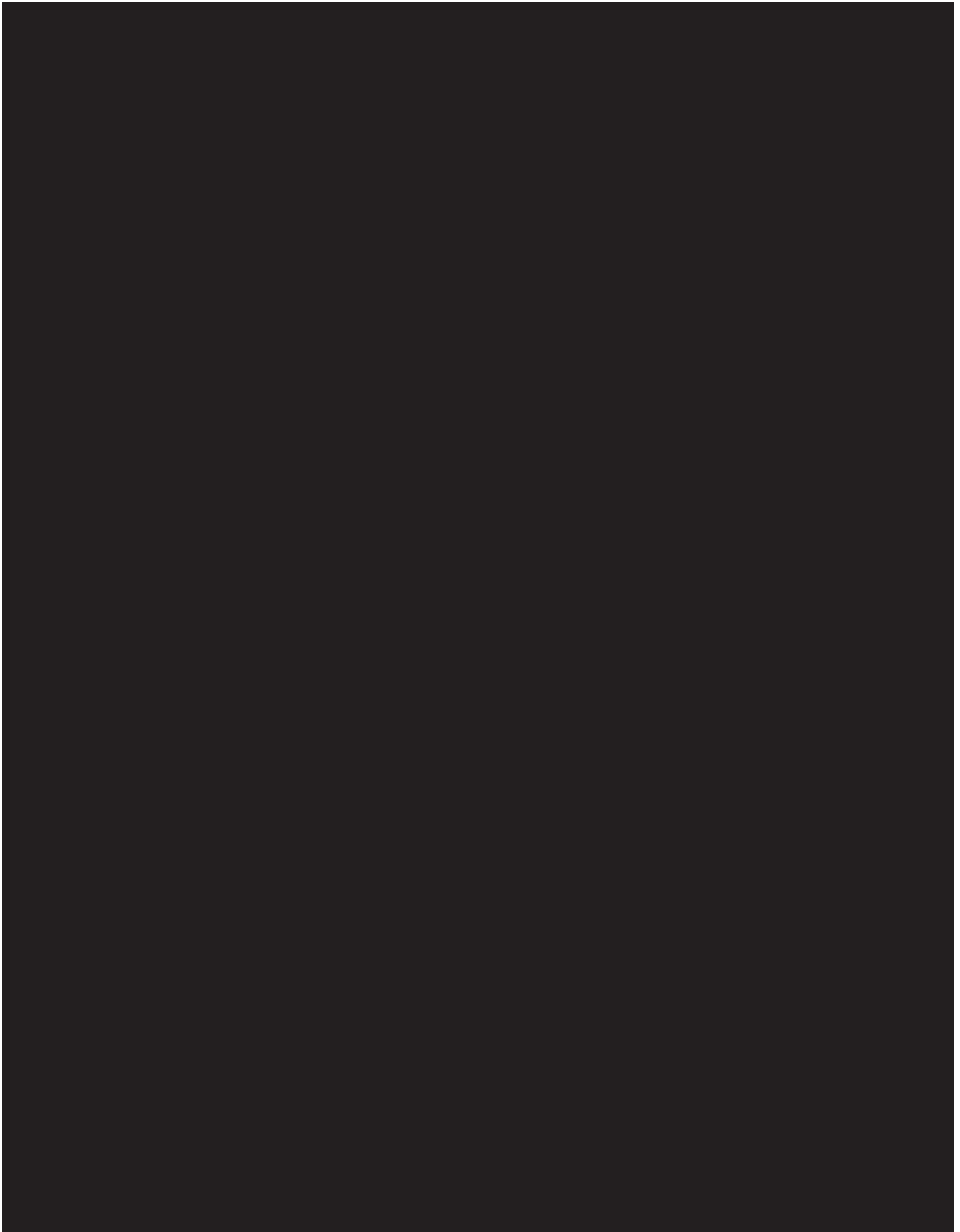


Subsection 4.4.1 – Cultivation Plan





Subsection 4.4.1 – Cultivation Plan



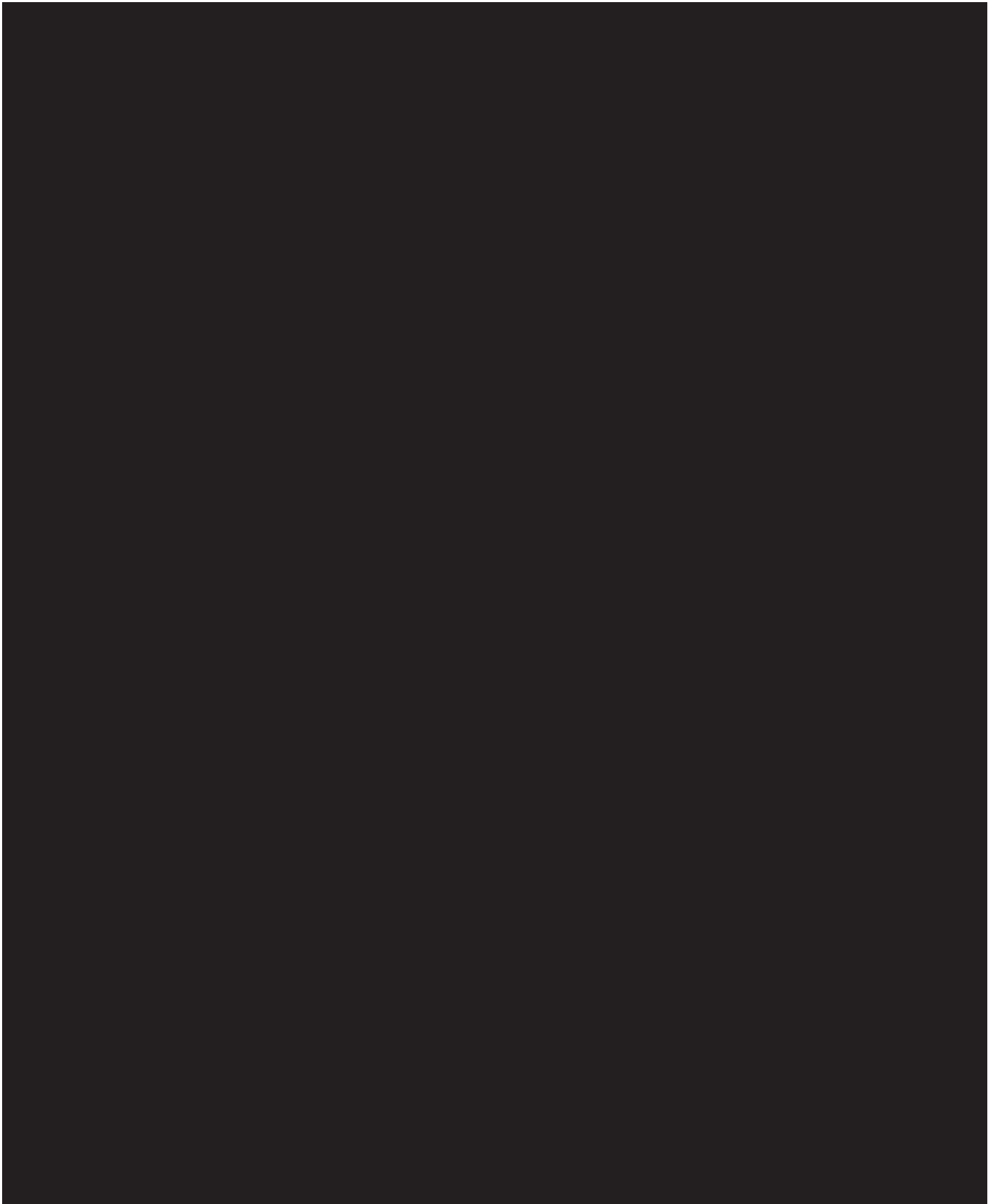
















Subsection 4.4.3 - Ability to Secure Cultivation Infrastructure





Subsection 4.4.3 - Ability to Secure Cultivation Infrastructure





Subsection 4.4.3 - Ability to Secure Cultivation Infrastructure











Subsection 4.5.1 – Processing Plan



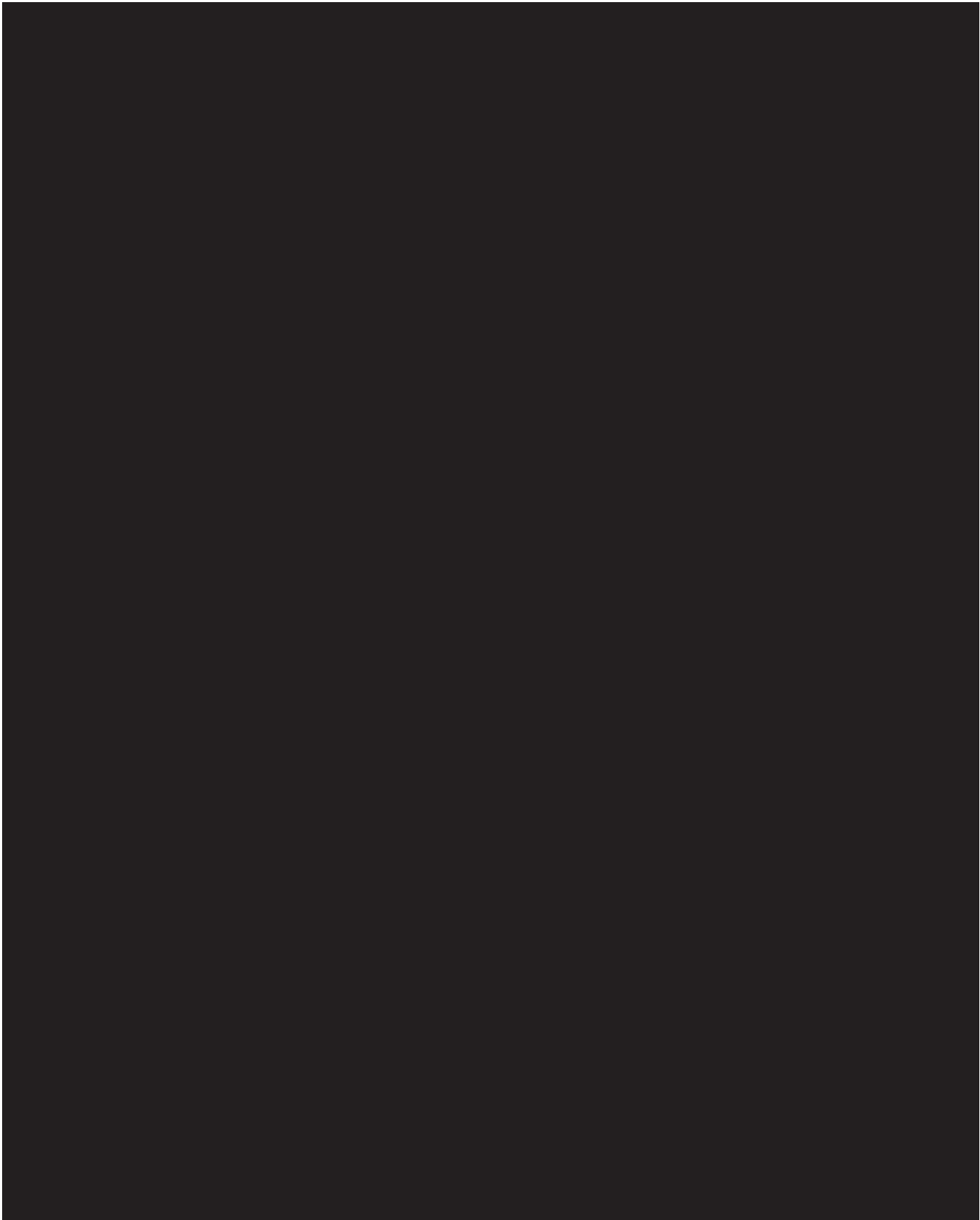
Subsection 4.5.1 – Processing Plan





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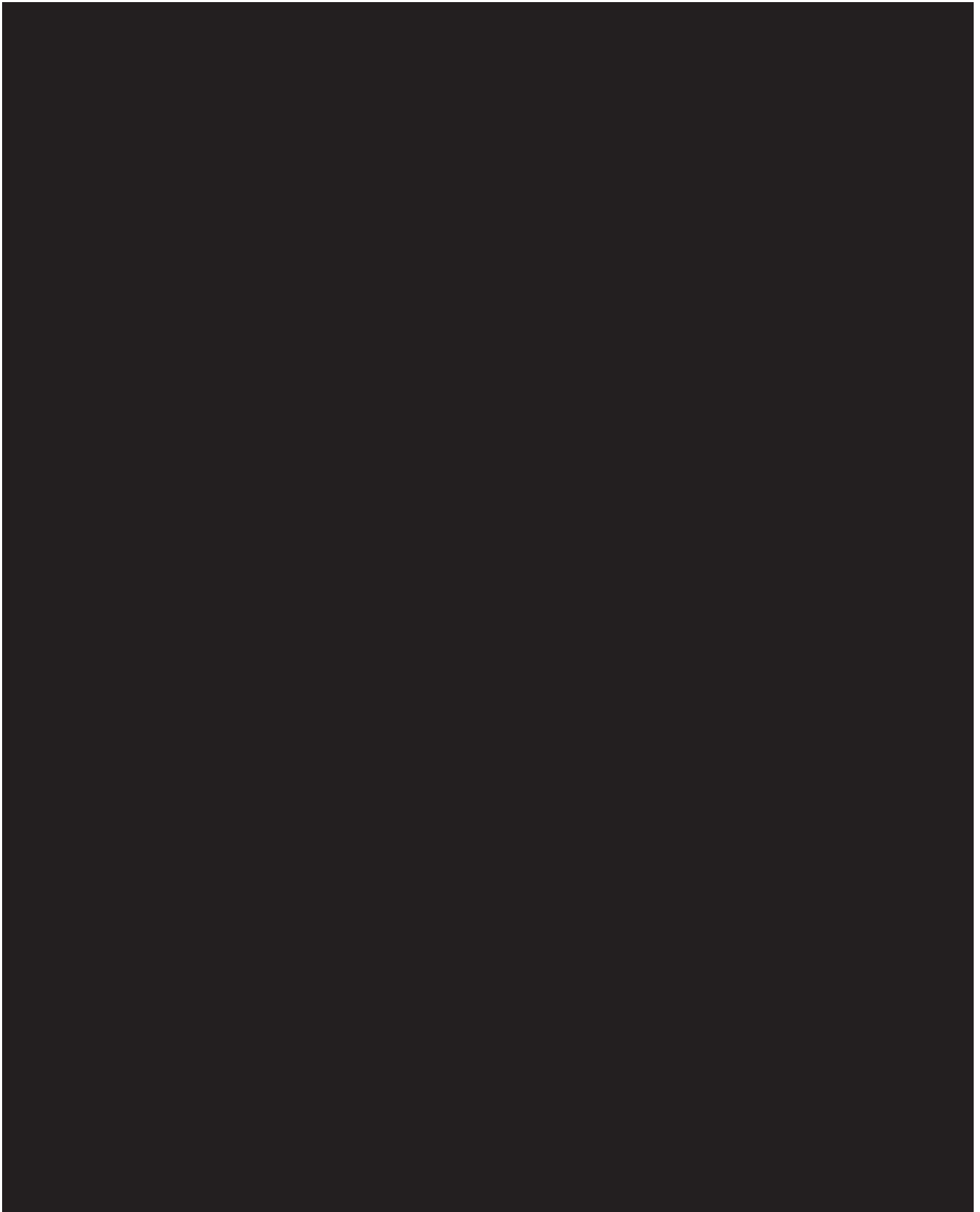
Subsection 4.5.1 – Processing Plan



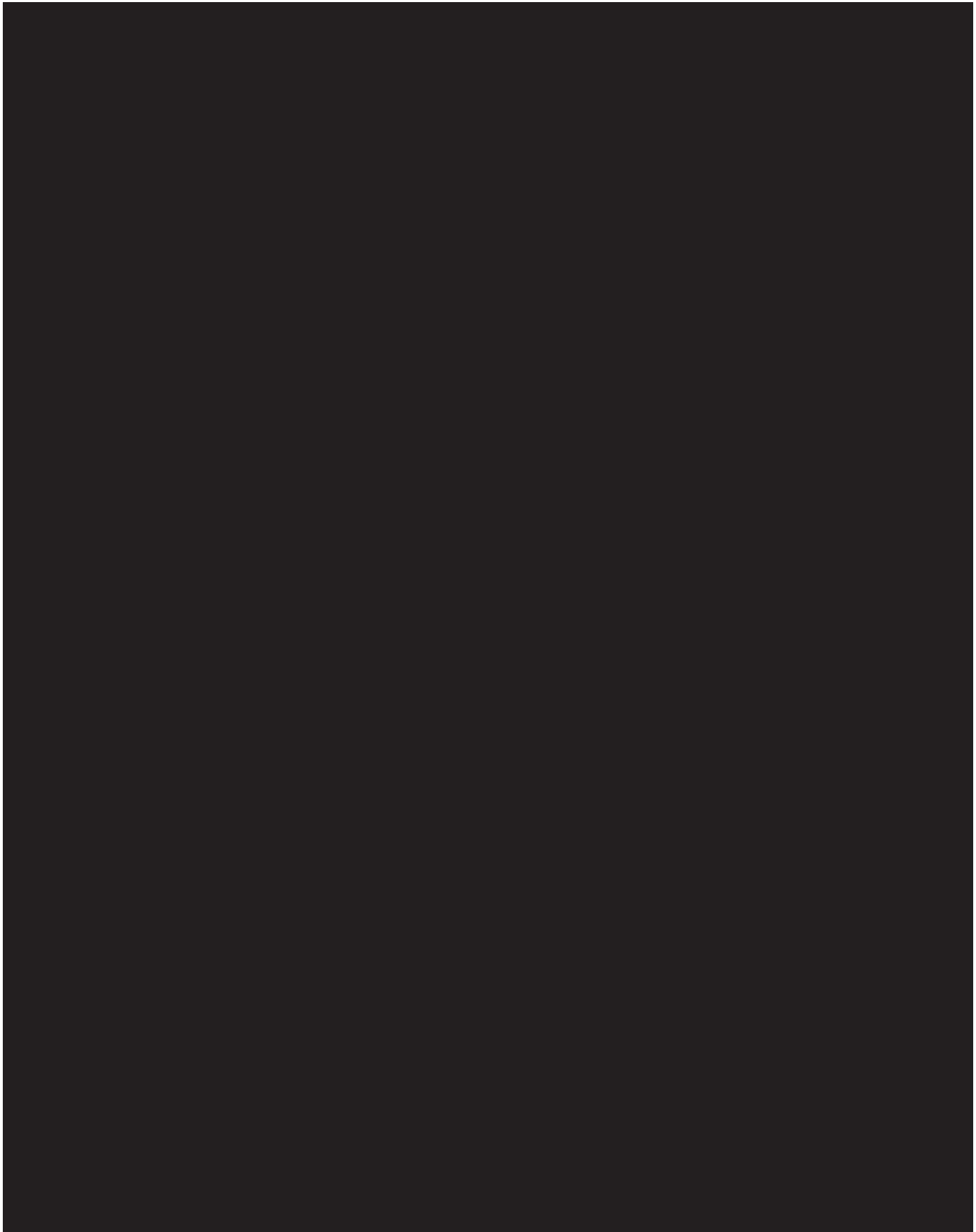
















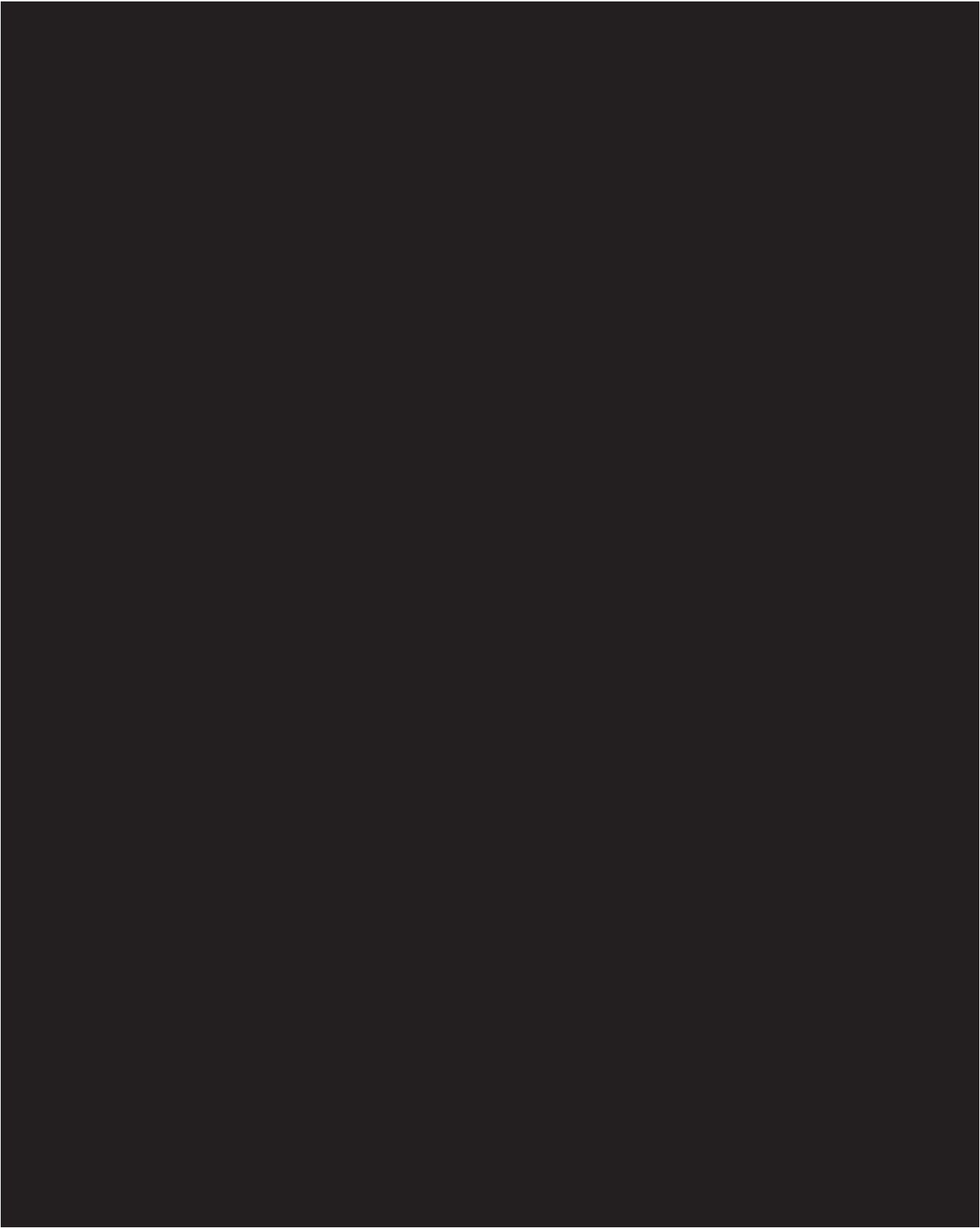






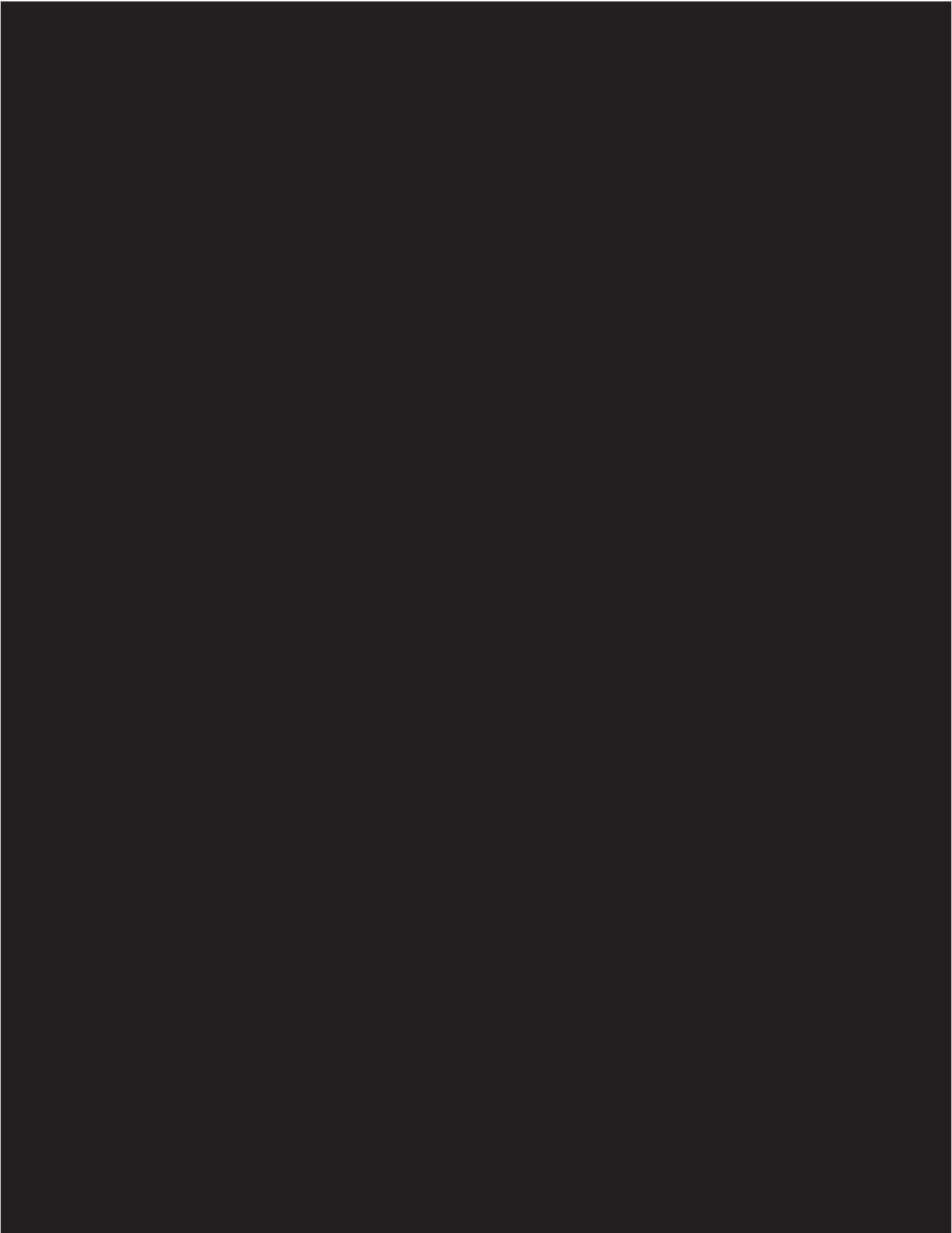
Subsection 4.5.3 - Ability to Secure Processing Infrastructure







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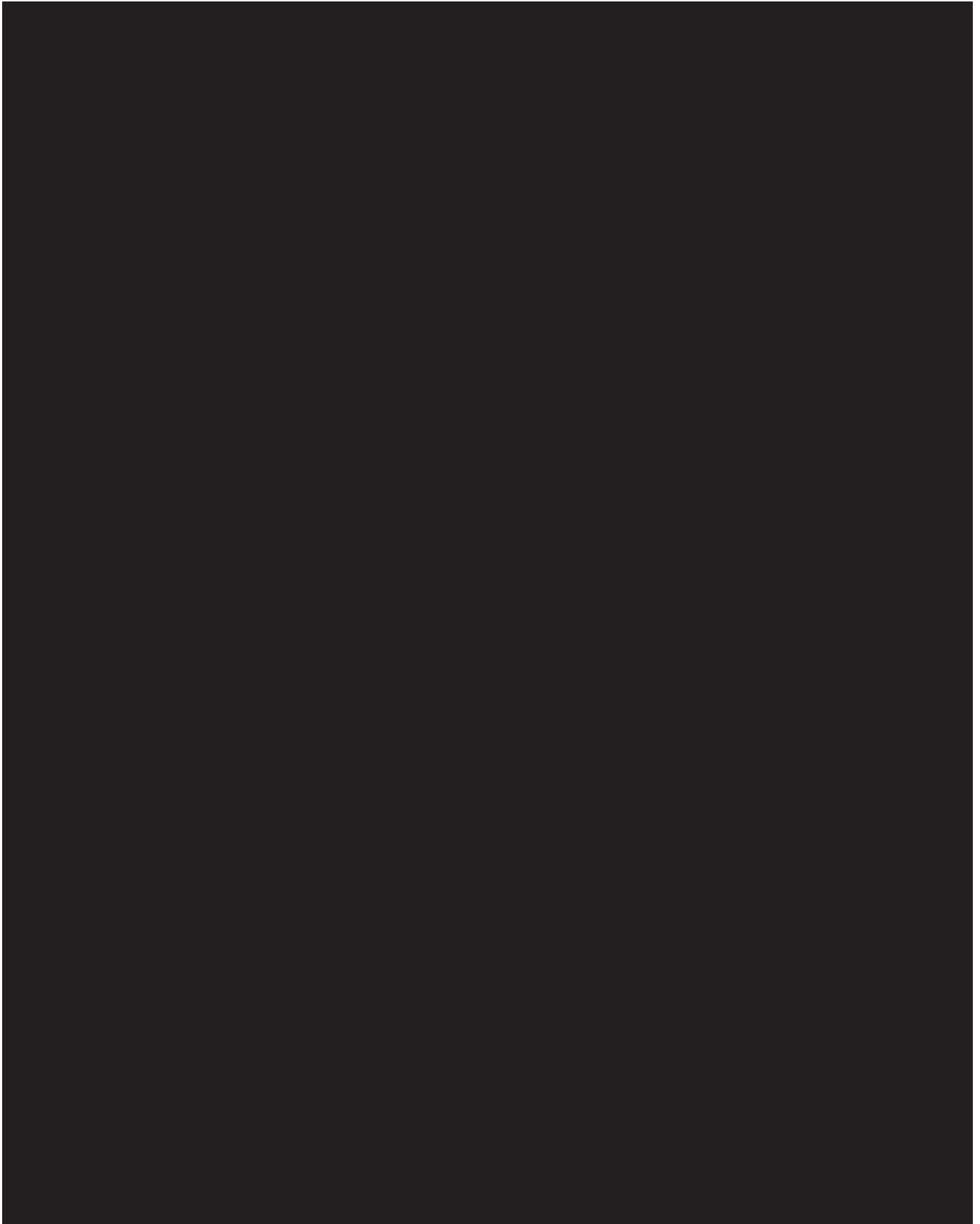


Subsection 4.5.3 - Ability to Secure Processing Infrastructure





Subsection 4.6.1 - Dispensing Plan

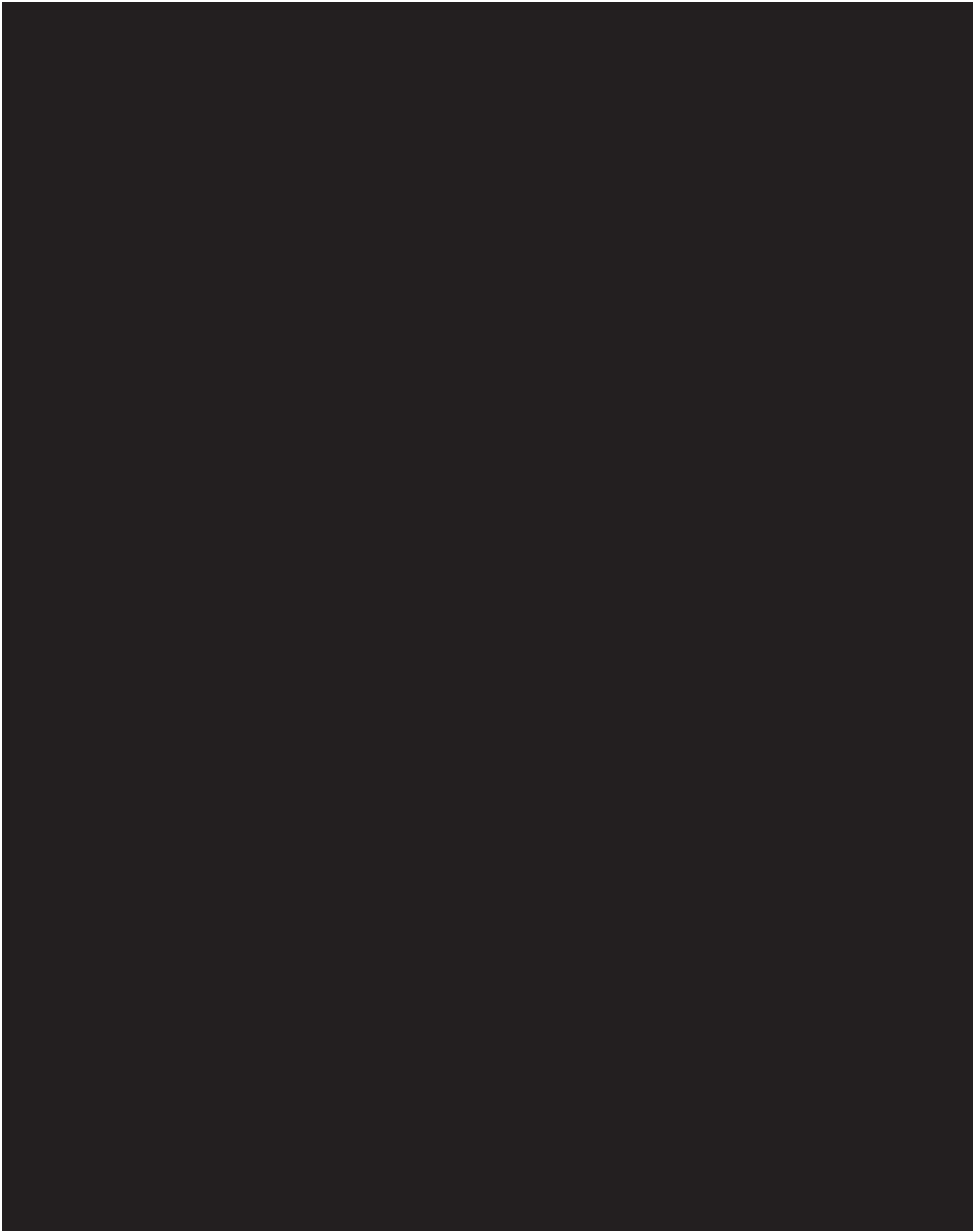






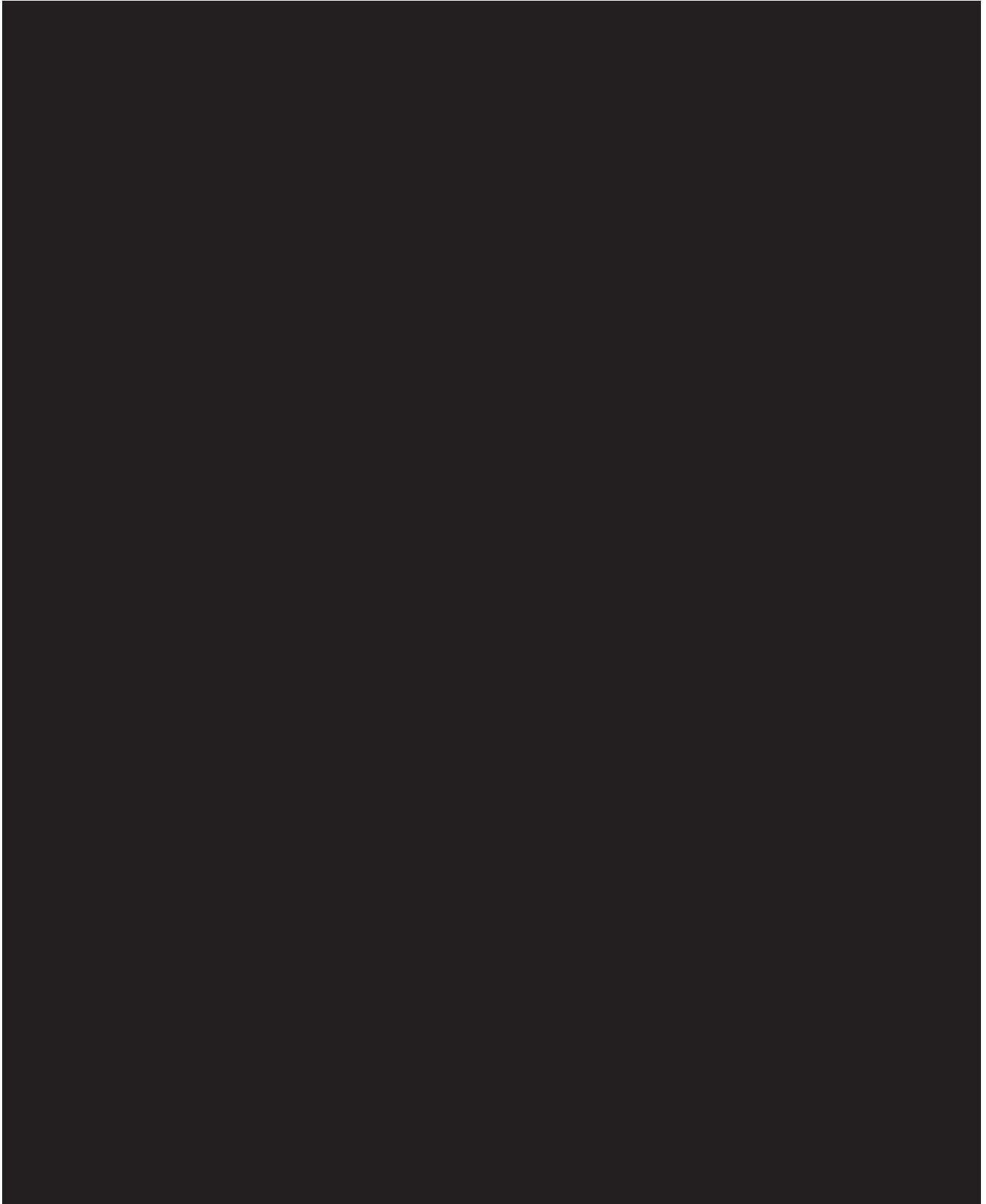


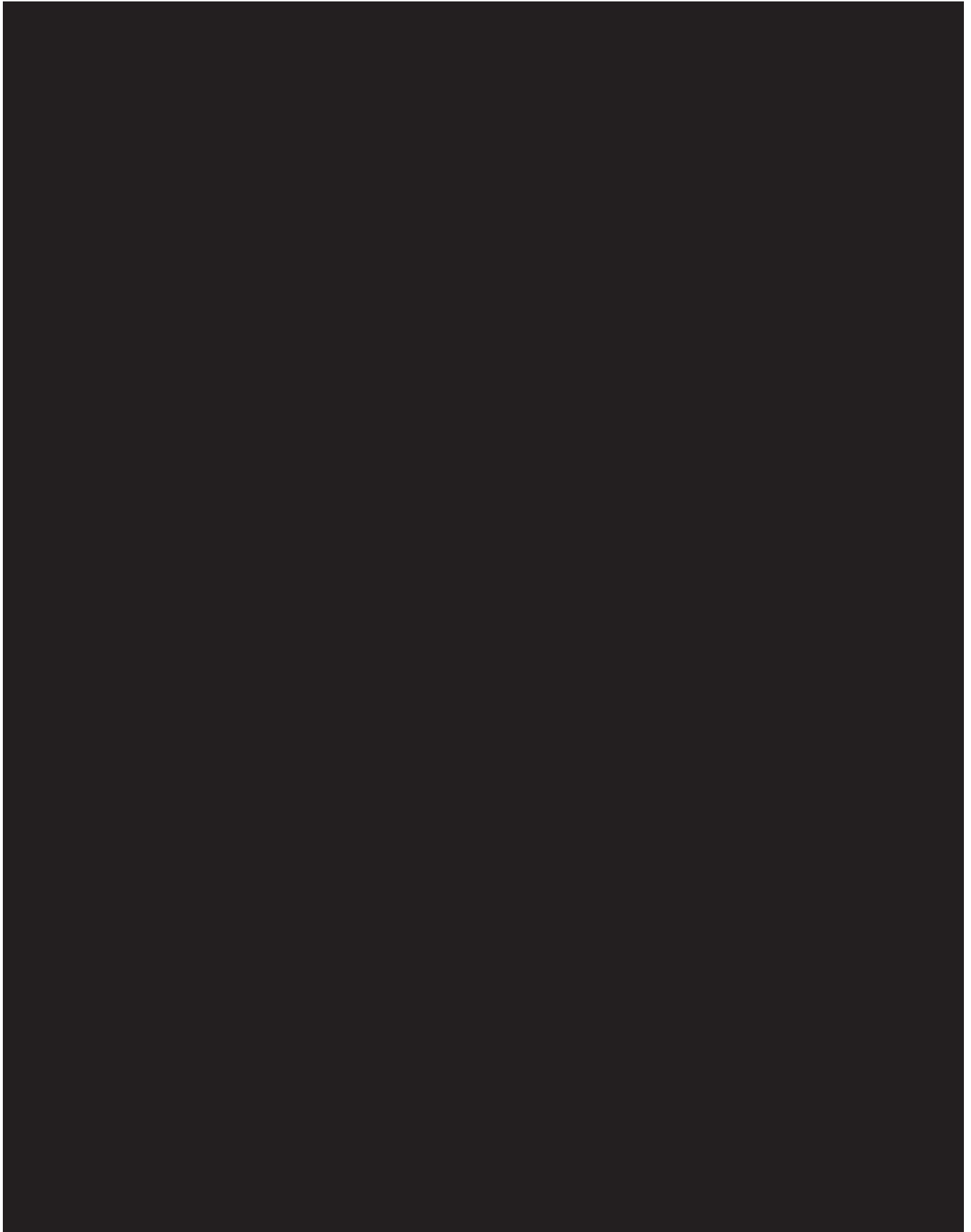
Subsection 4.6.1 - Dispensing Plan



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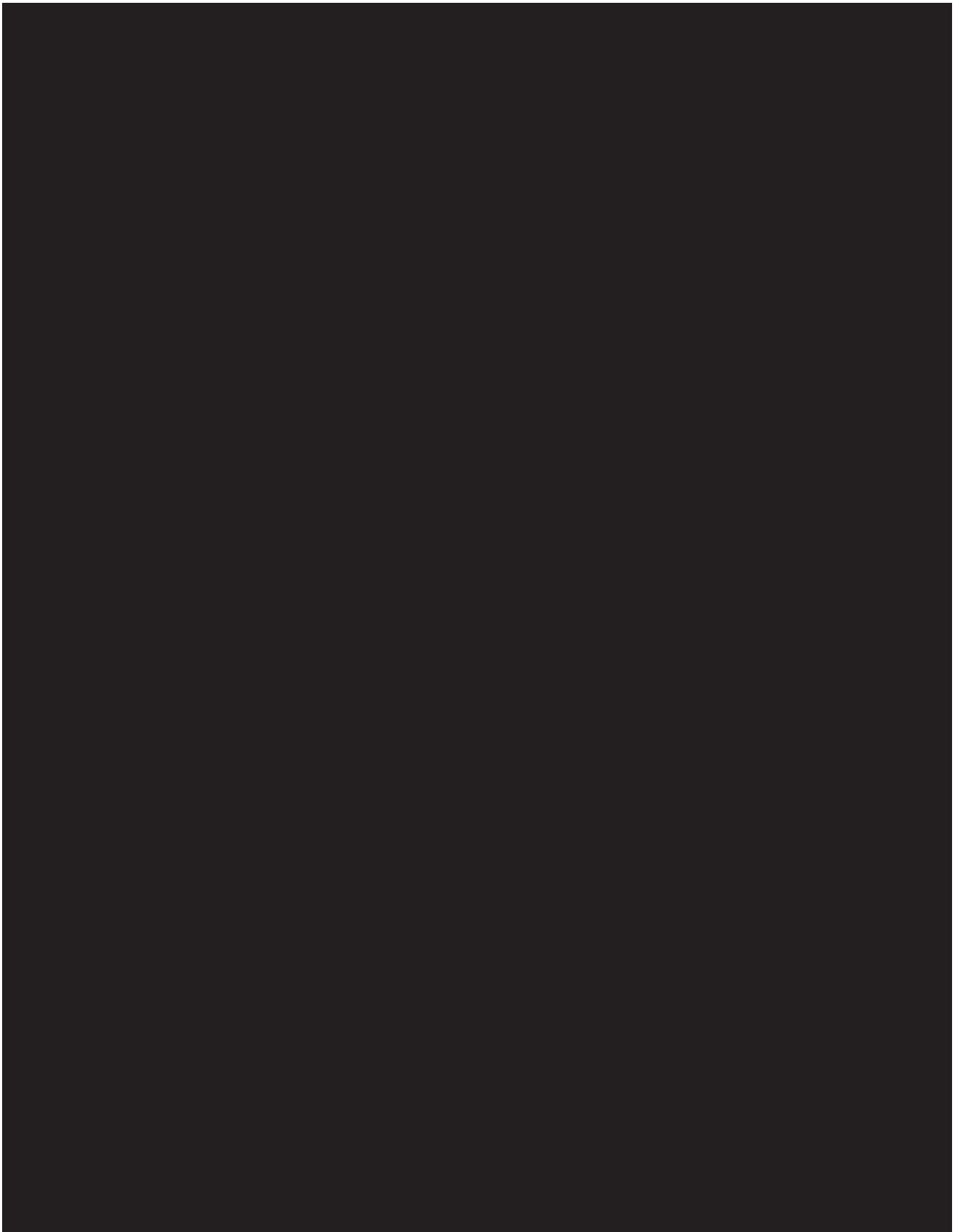
Subsection 4.6.2 - Dispensing Infrastructure



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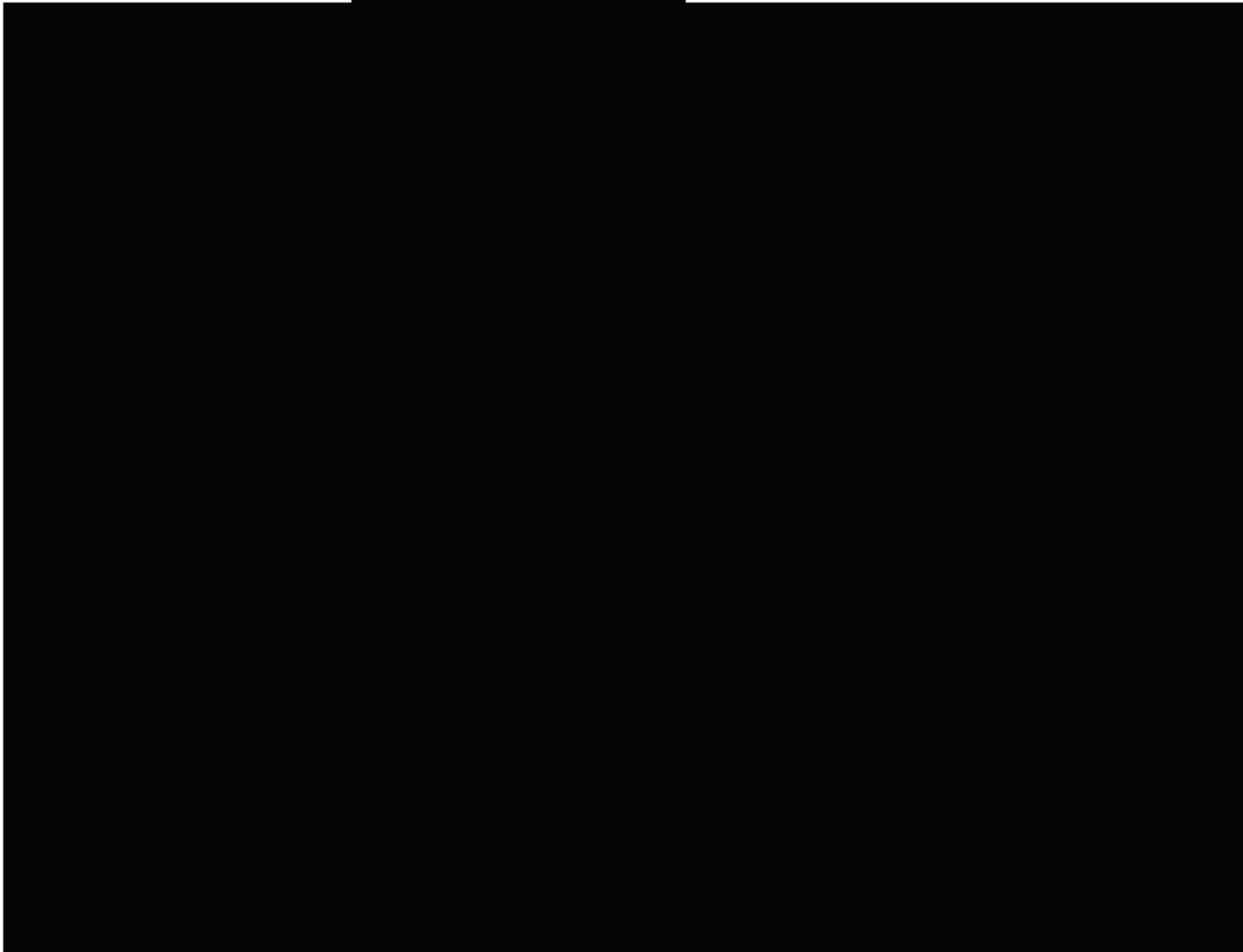






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Subsection 4.6.3 - Ability to Secure Dispensing Infrastructure





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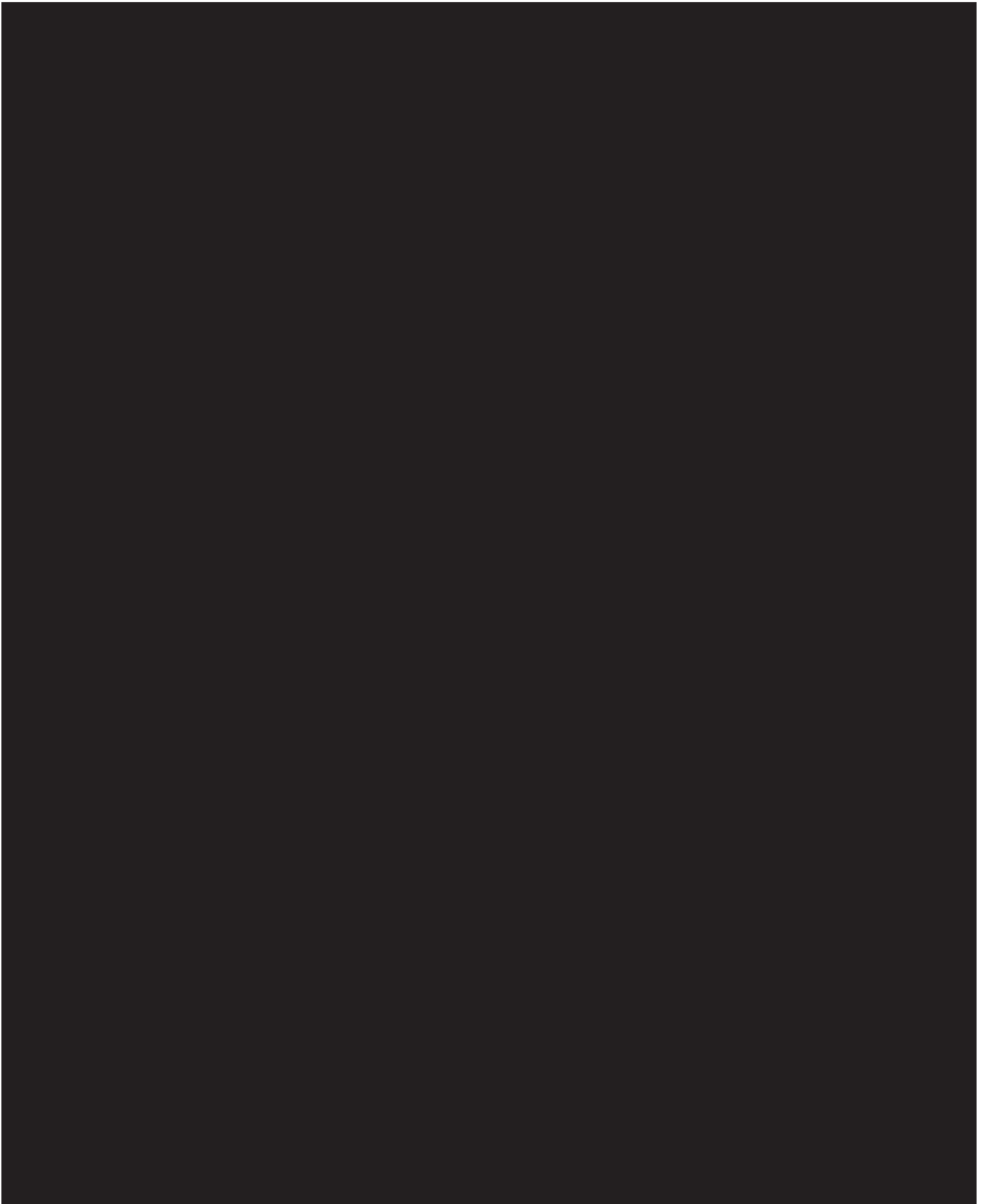










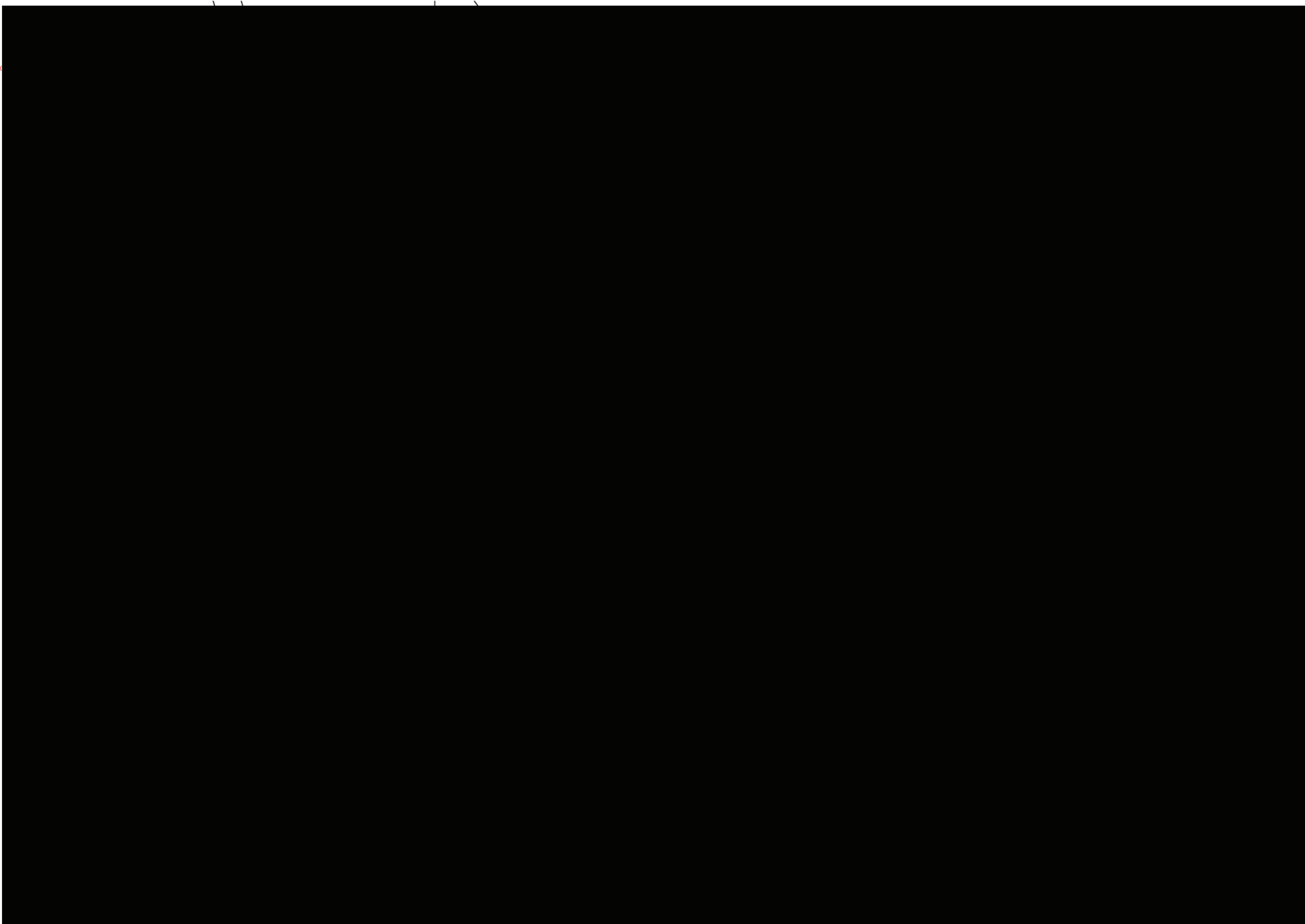




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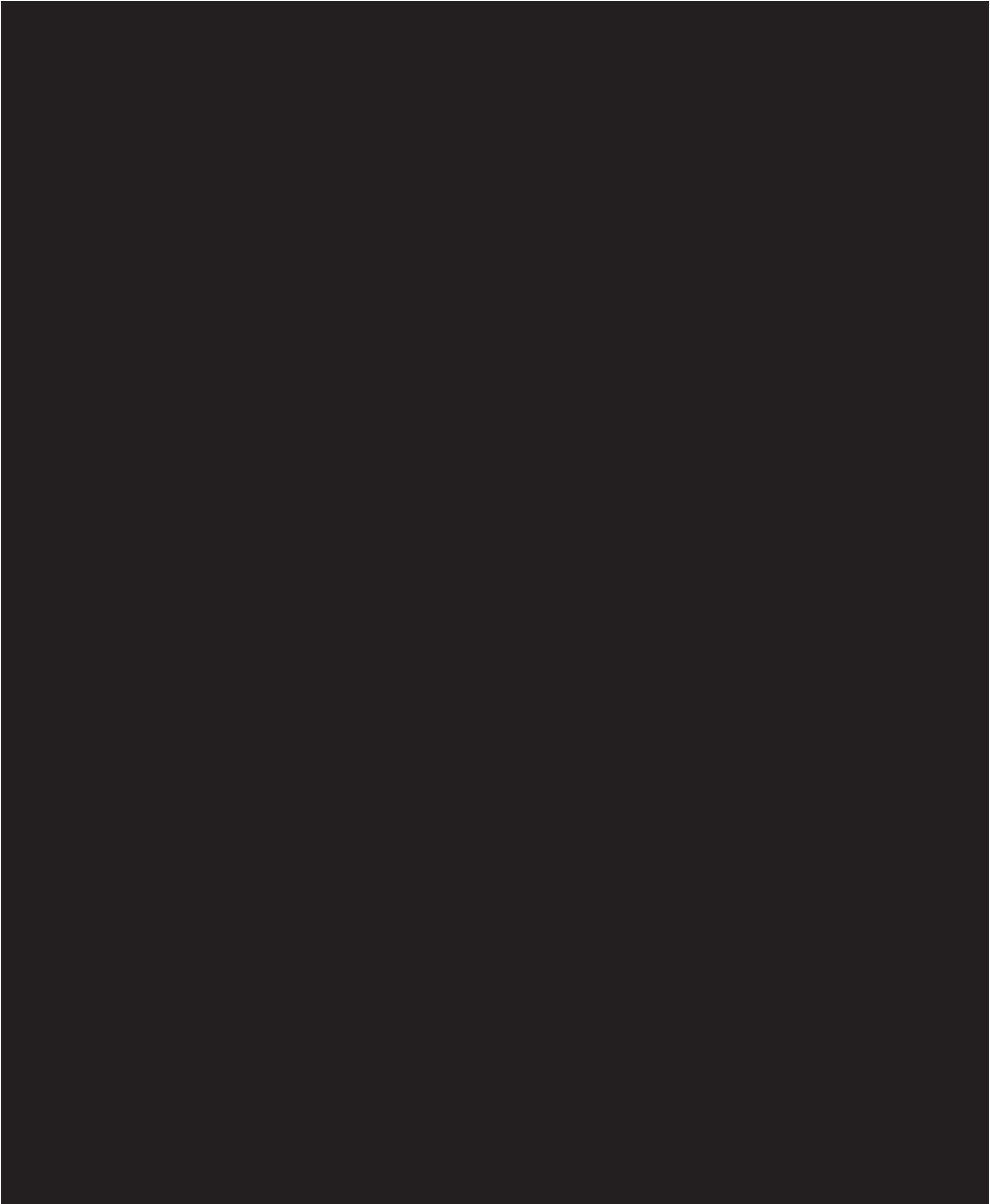








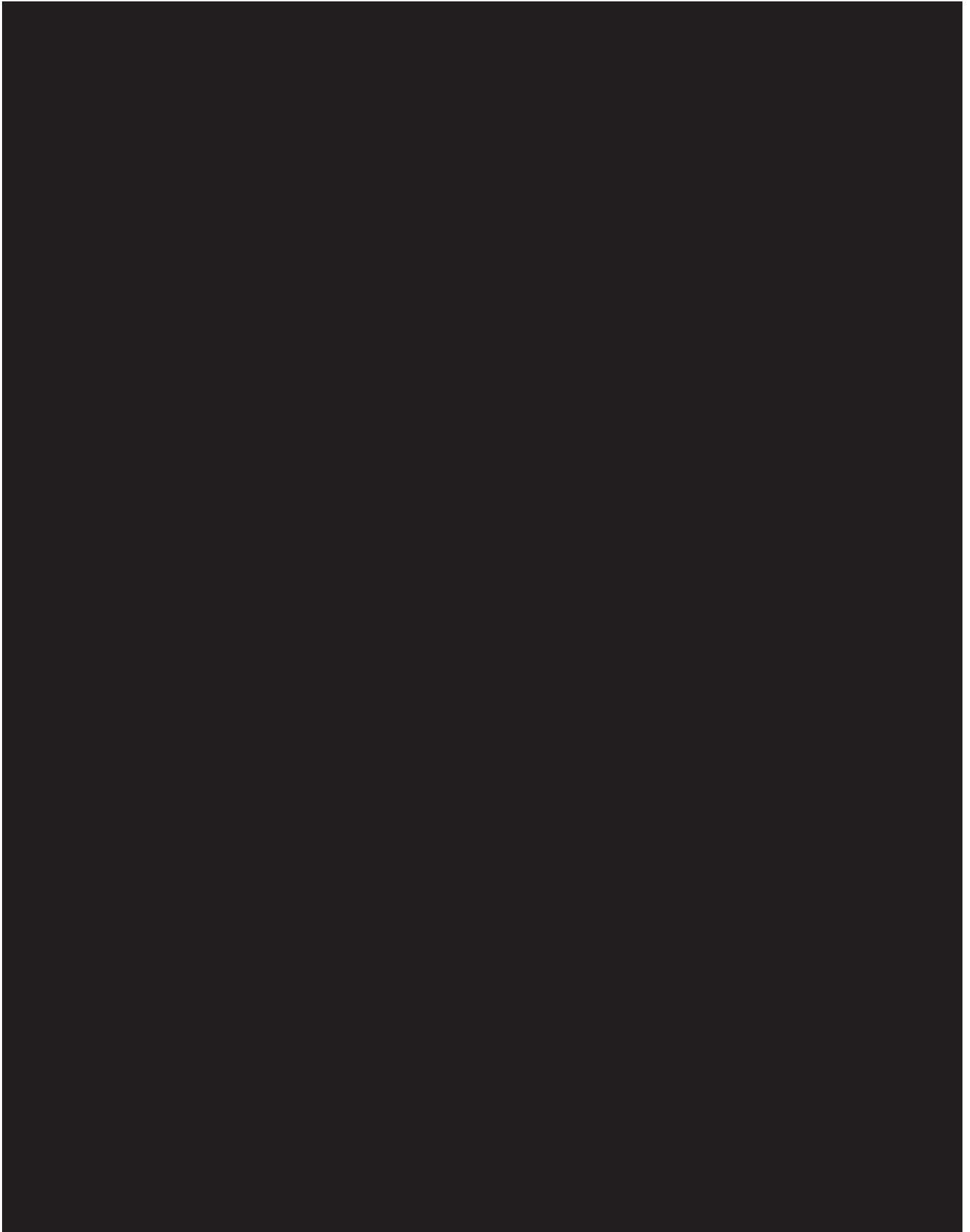




Subsection 4.7.3 – Diversion, Unlawful Access, and Transportation



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Subsection 4.7.3 – Diversion, Unlawful Access, and Transportation



Subsection 4.7.3 – Diversion, Unlawful Access, and Transportation





Subsection 4.7.3 – Diversion, Unlawful Access, and Transportation



Subsection 4.7.4 – Personnel Screening and Training



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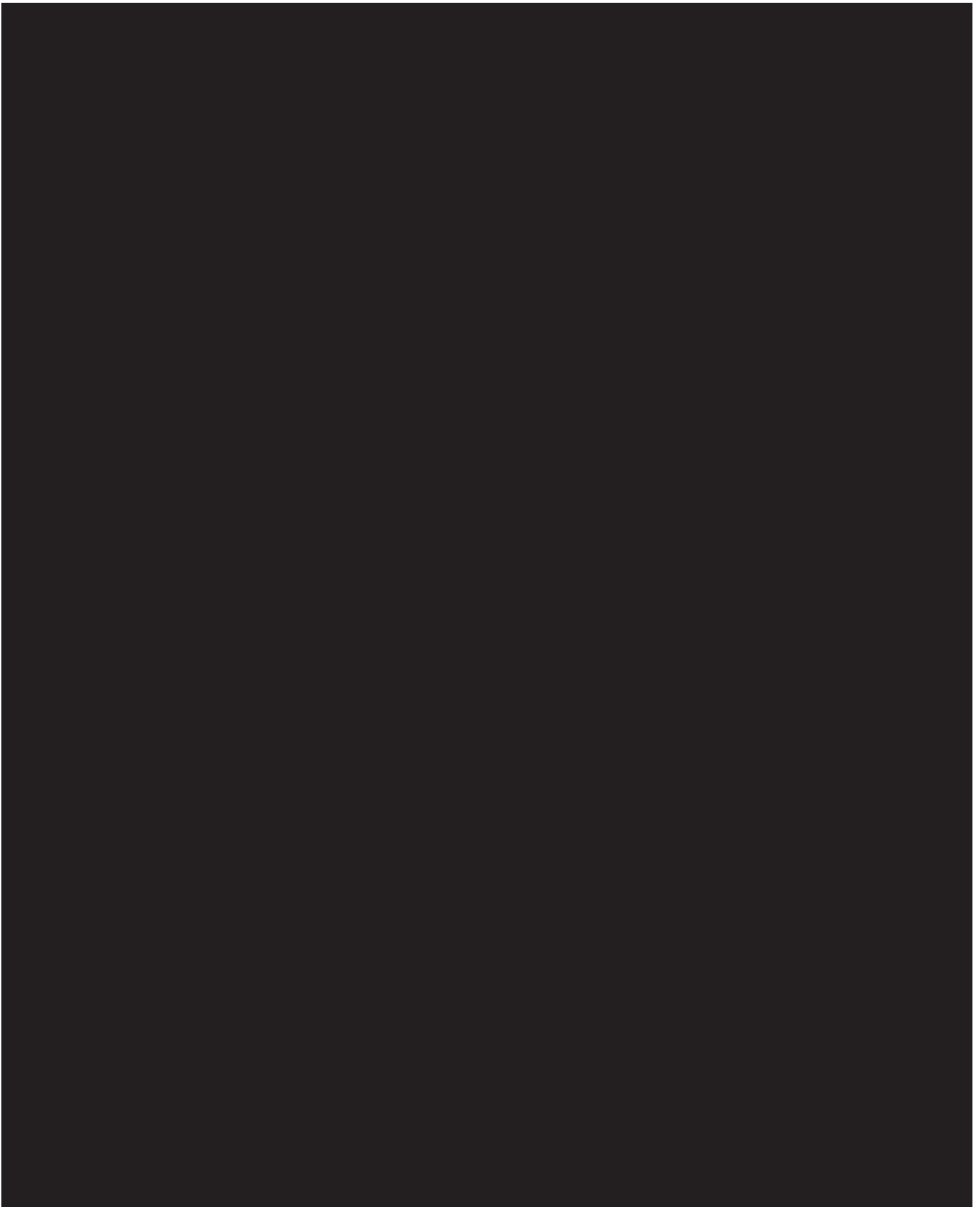








Subsection 4.7.5 – Recalls





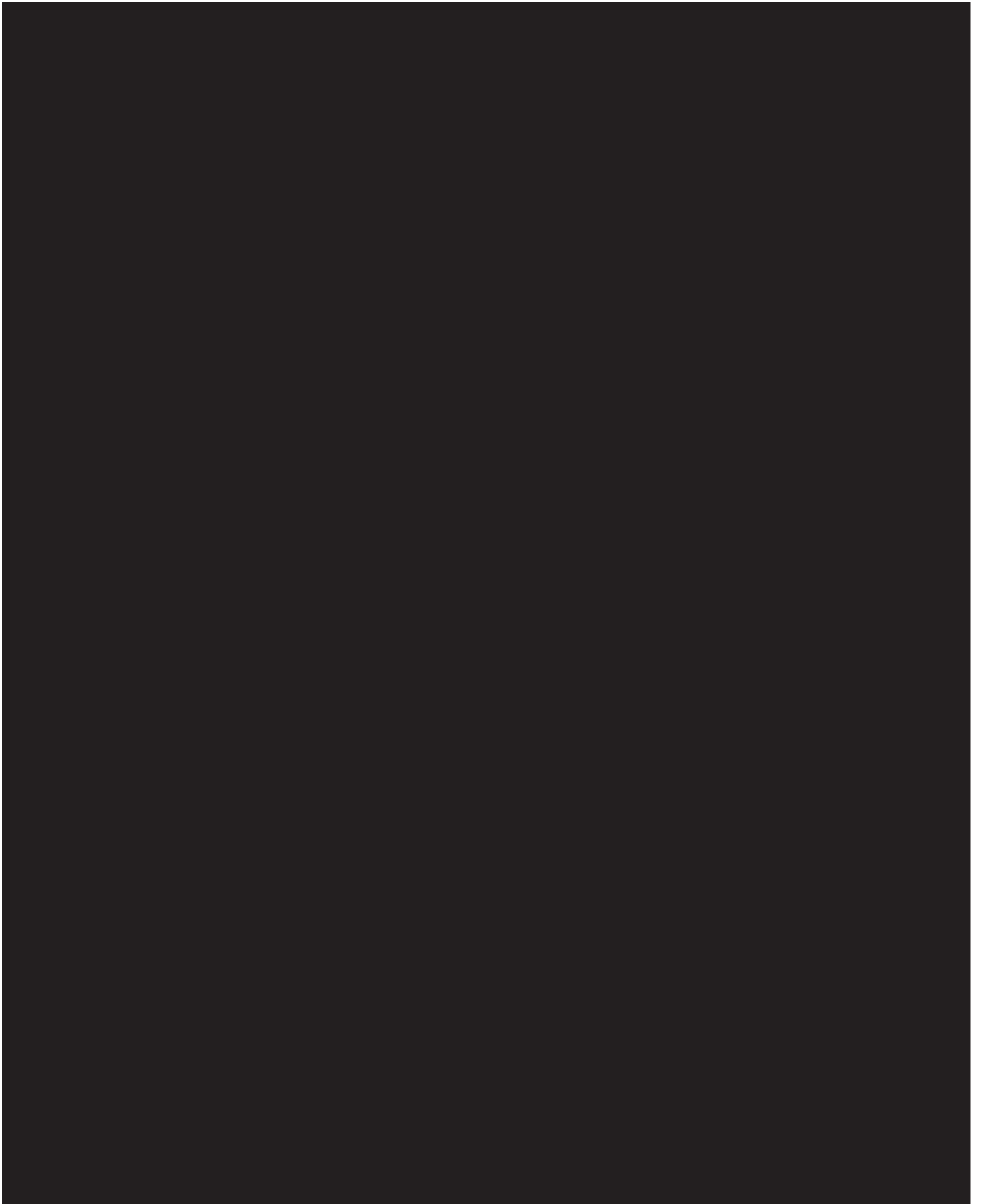
Subsection 4.8.1 - Experience in the Marijuana Industry



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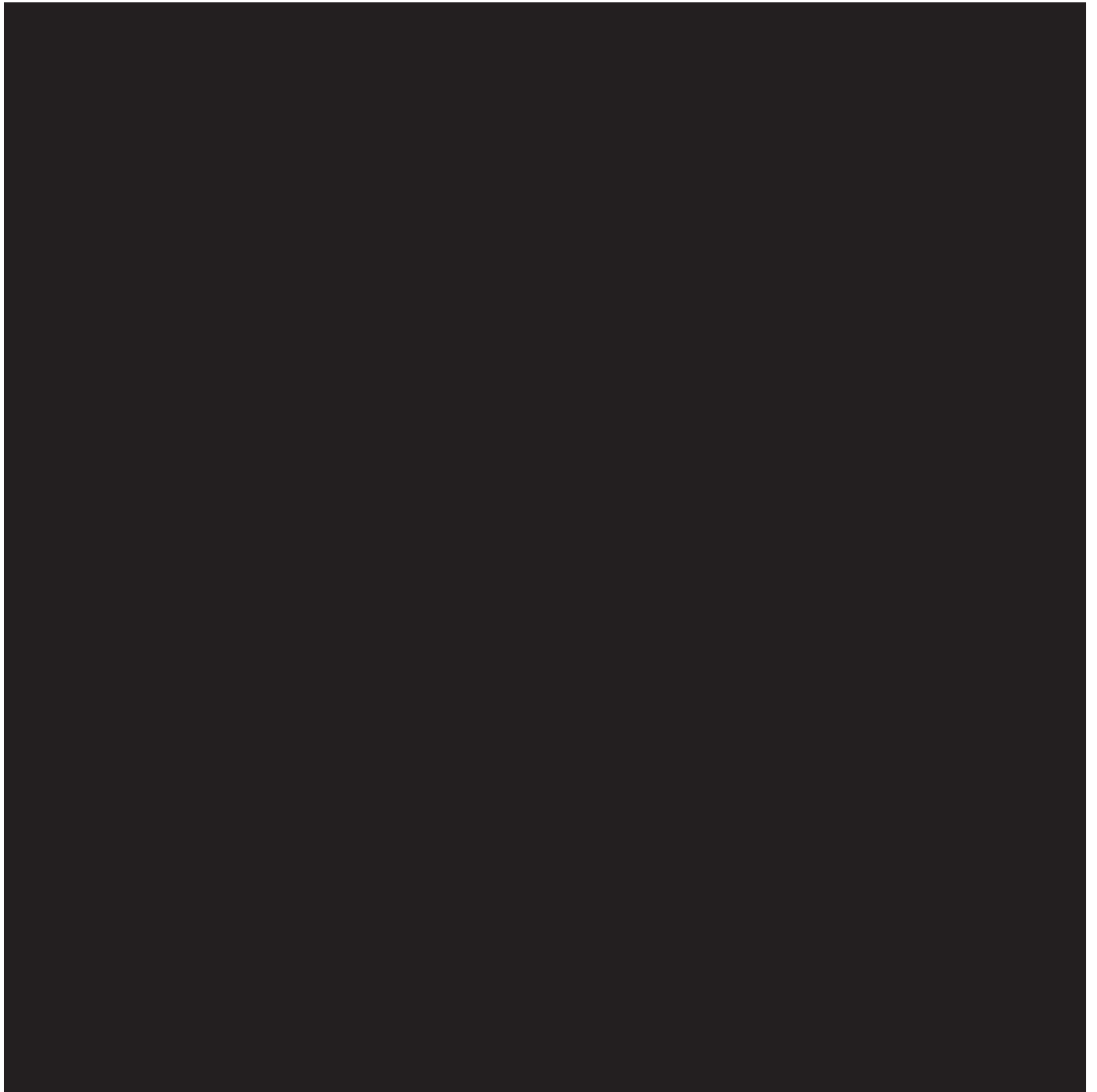
Subsection 4.8.1 - Experience in the Marijuana Industry



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Subsection 4.8.1 - Experience in the Marijuana Industry





Subsection 4.8.2 - Other Relevant Experience



Subsection 4.8.2 - Other Relevant Experience



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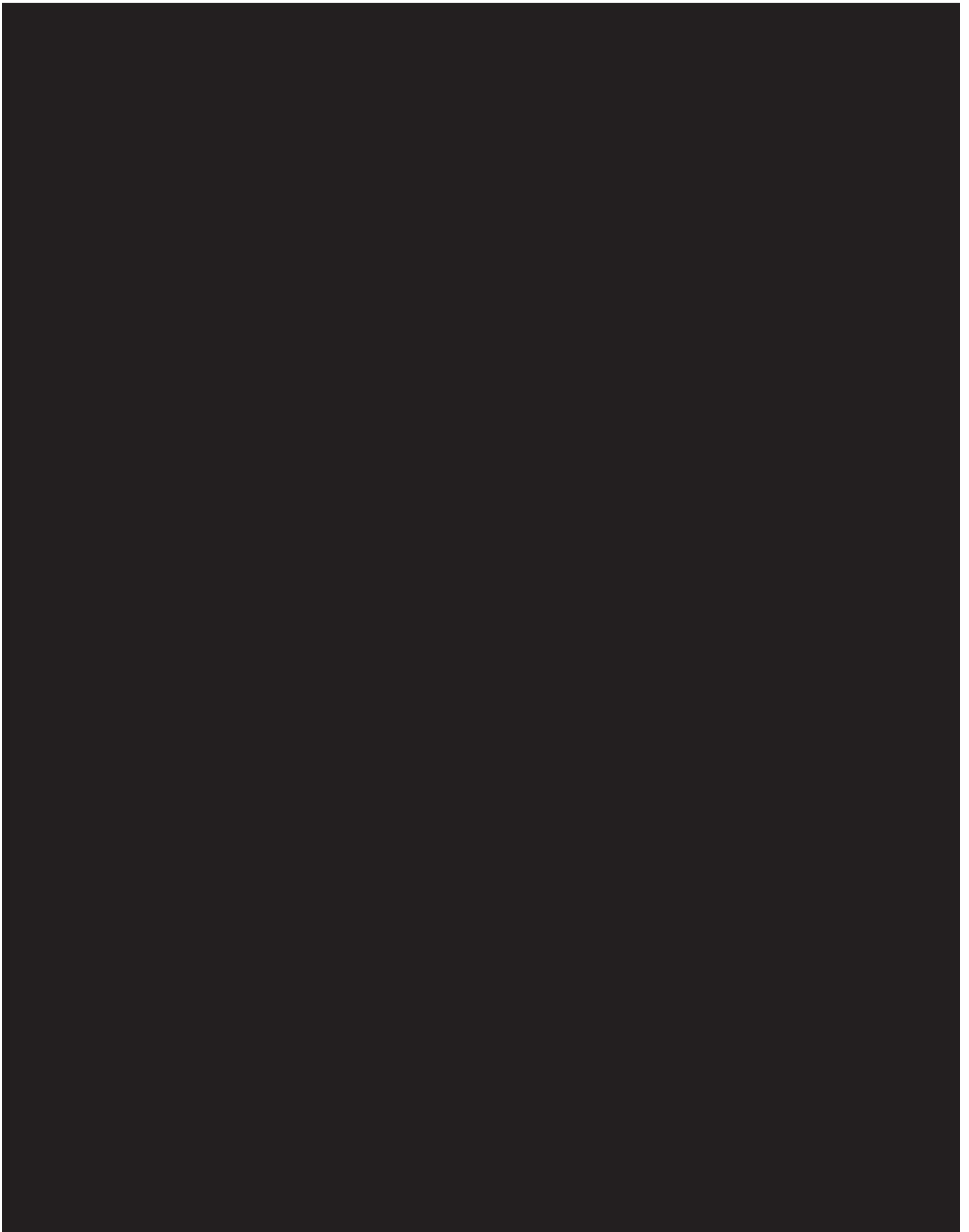
Subsection 4.8.2 - Other Relevant Experience







Subsection 4.8.3 - Business Plan







Subsection 4.8.3 - Business Plan



Subsection 4.8.4 – Prior Enforcement Action

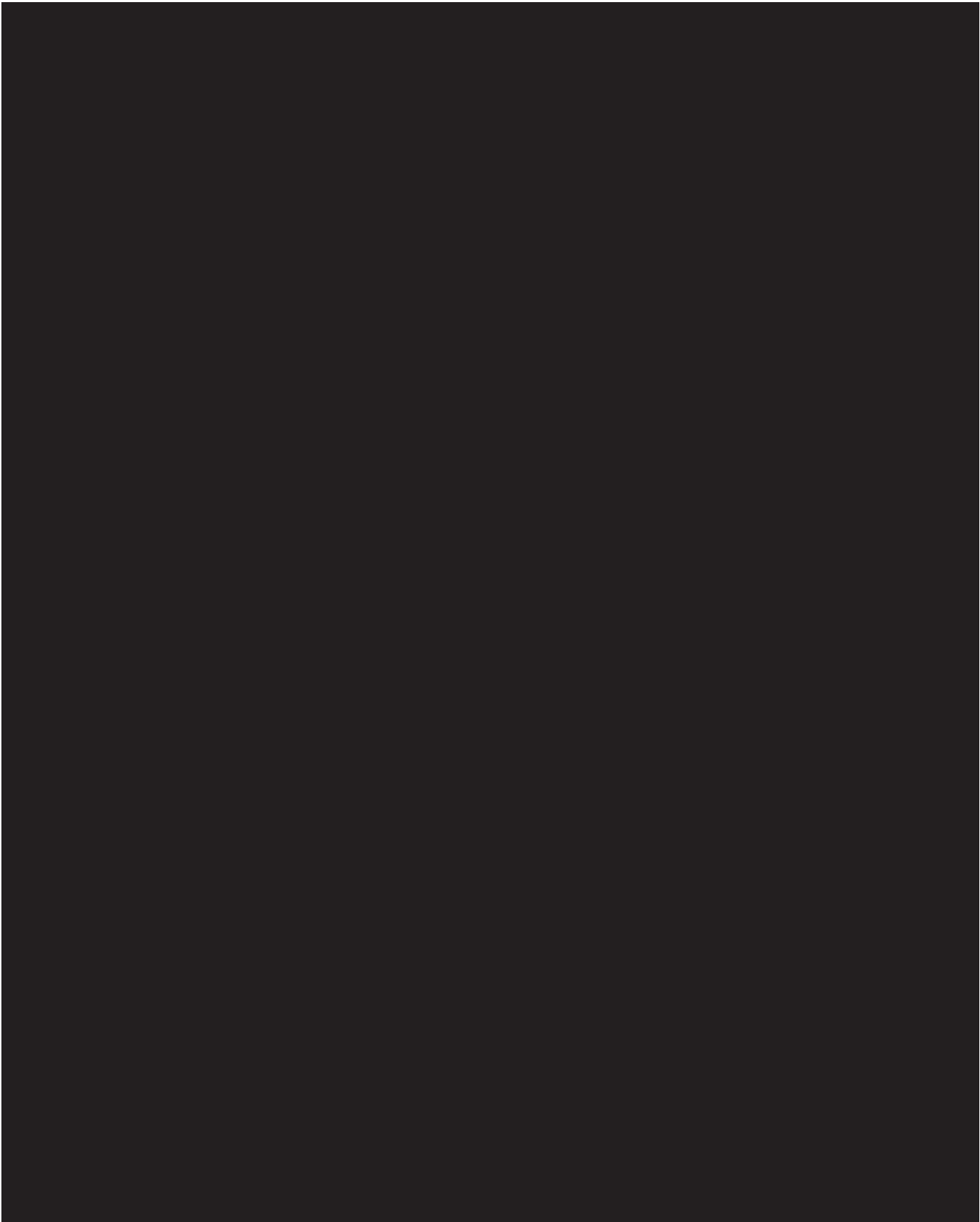


Subsection 4.8.4 – Prior Enforcement Action



Subsection 4.9.1 – Experience in the Marijuana Industry





Subsection 4.9.1 – Experience in the Marijuana Industry



Subsection 4.9.2 – Other Relevant Experience





Subsection 4.9.2 – Other Relevant Experience















Subsection 4.9.3 – Oversight





Subsection 4.9.4 – Managing Conflicts of Interest





**FORM 4: MEDICAL DIRECTOR ACKNOWLEDGMENT**

I, [REDACTED], have consented to be employed as the medical director for O'Donnell Landscapes Inc, 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):

Signature:

Florida MD or DO License #:



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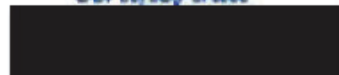
# FMA

## Accreditation PROGRAM

How Physicians Earn Quality CME

**Florida Medical Association**

*Certifies that*



*has participated in the enduring material titled*

**Florida Medical Marijuana Course for MMTC Medical Directors**



*and is awarded 2.00 AMA PRA Category 1 Credits™ (Enduring Material)*

The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Florida Medical Association designates this enduring material for a maximum of 2.00 AMA PRA Category 1 Credits™ (Enduring Material).

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Subsection 4.10.1 - Personnel Qualifications



Subsection 4.10.1 - Personnel Qualifications





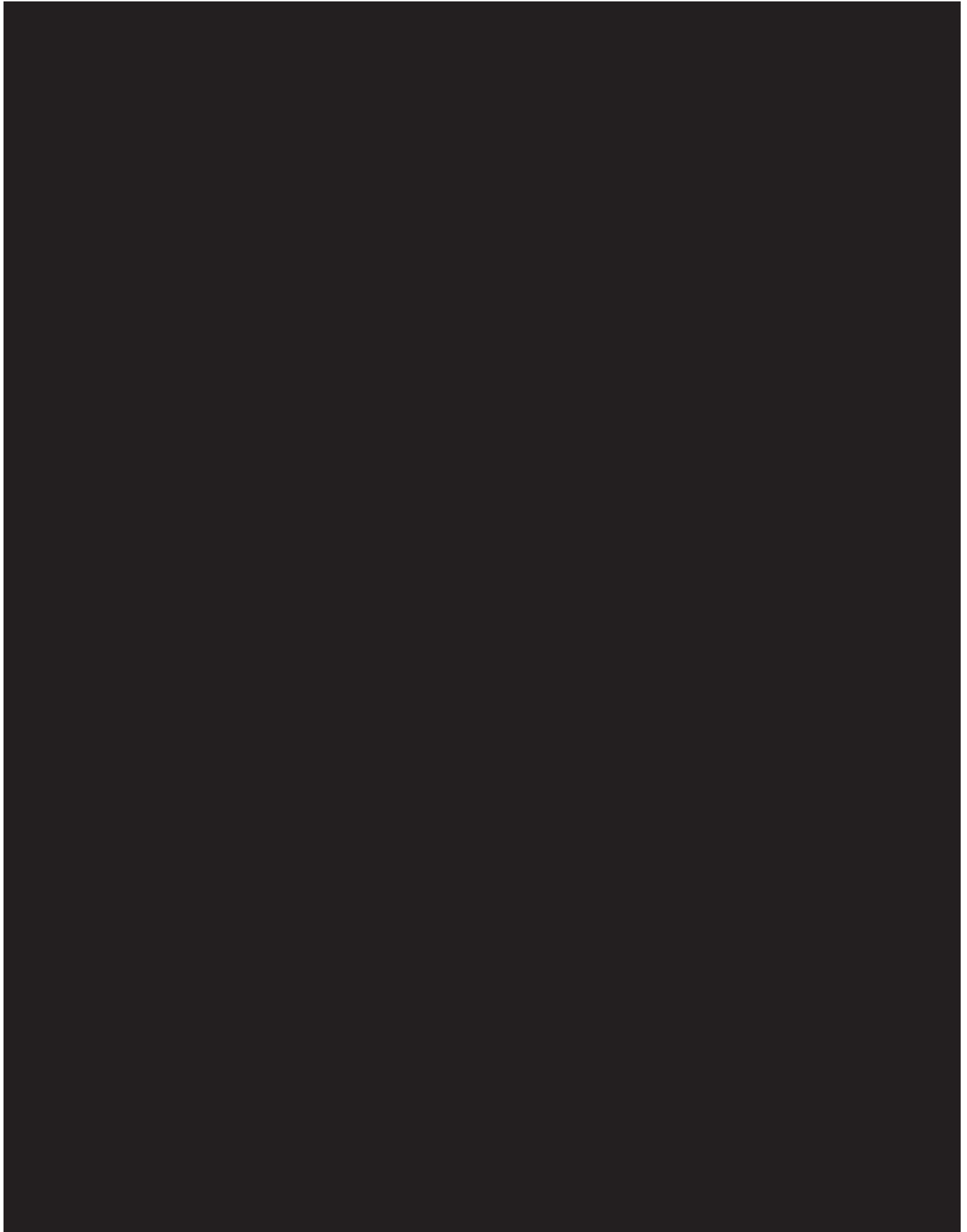


Subsection 4.10.1 - Personnel Qualifications





Subsection 4.10.1 - Personnel Qualifications

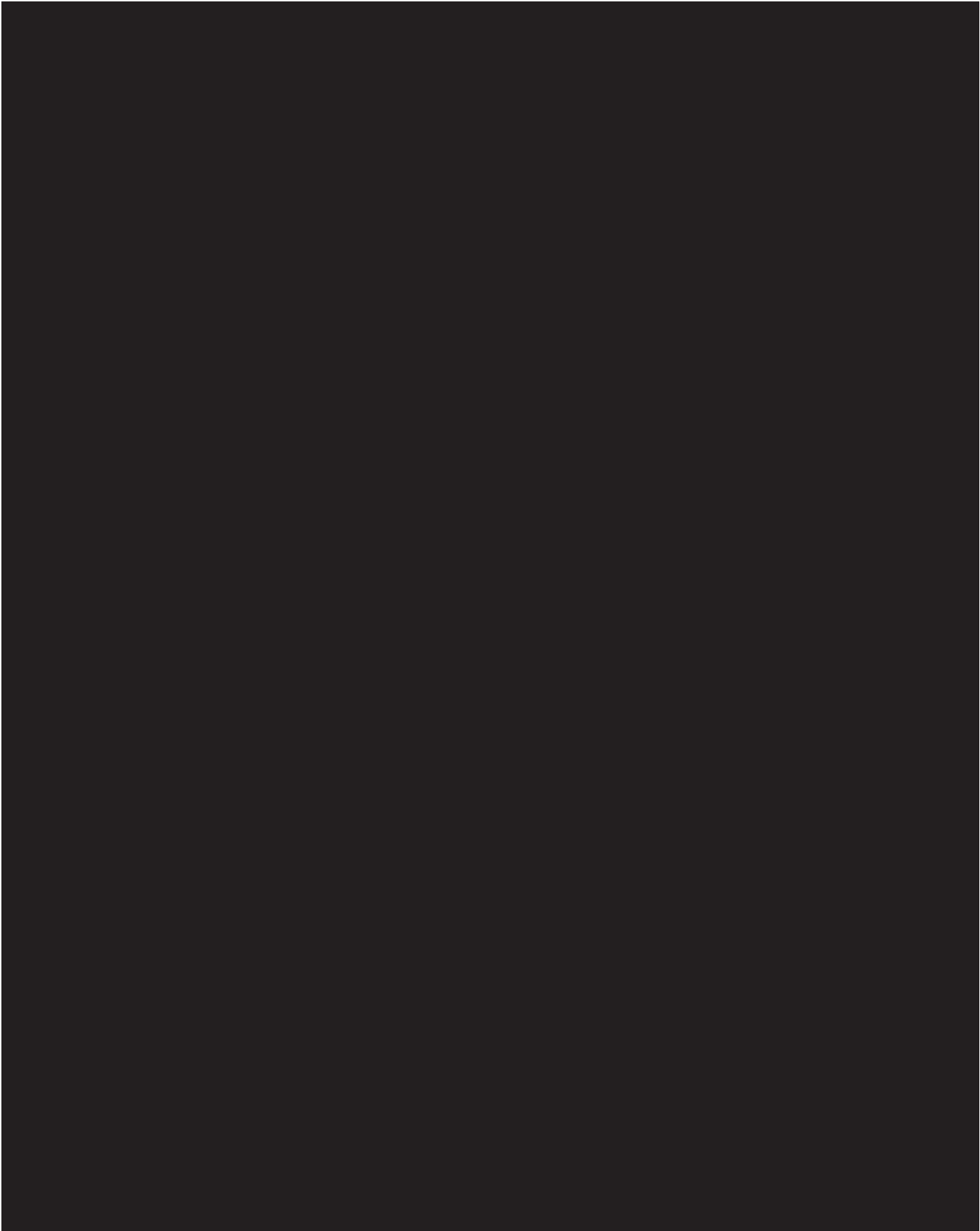


Subsection 4.10.1 - Personnel Qualifications





Subsection 4.10.1 - Personnel Qualifications















Subsection 4.10.3 – Personnel Training





Subsection 4.10.3 – Personnel Training



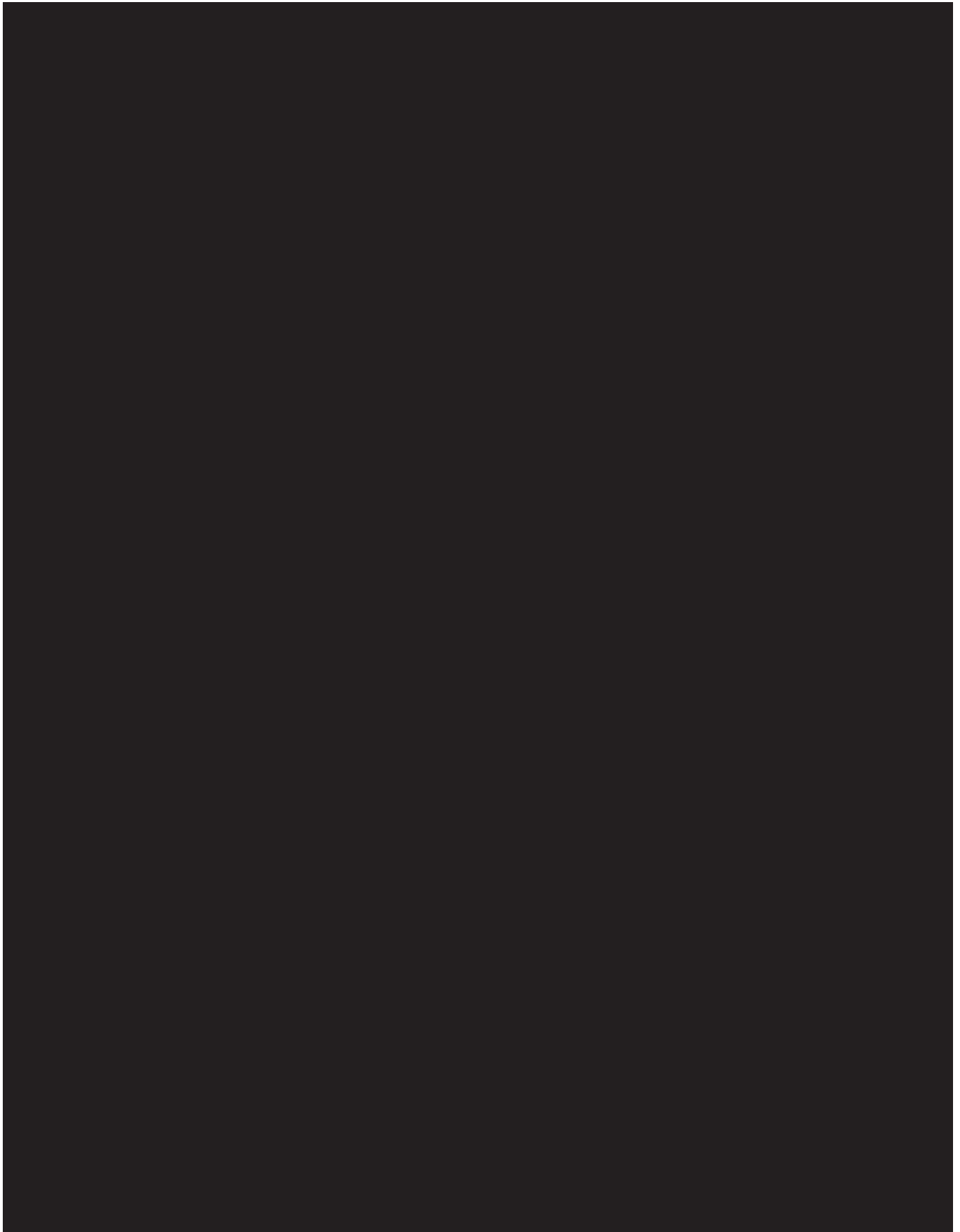


Subsection 4.10.3 – Personnel Training





Subsection 4.11.1 – Diversity Plan



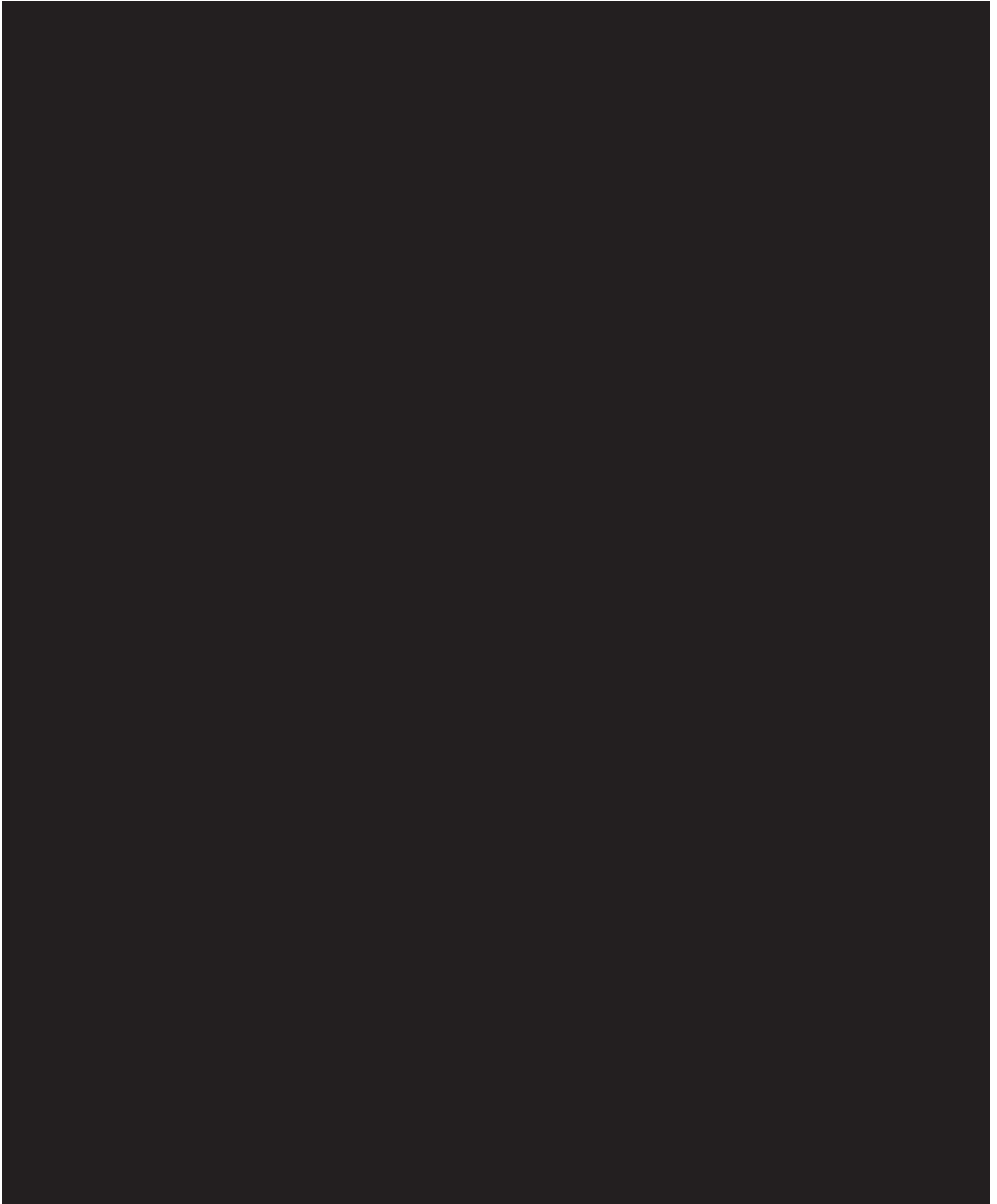




Subsection 4.11.1 – Diversity Plan



Subsection 4.11.2 - Implementation of Diversity Plan



Subsection 4.11.2 - Implementation of Diversity Plan



Subsection 4.11.2 - Implementation of Diversity Plan



Subsection 4.11.2 - Implementation of Diversity Plan











































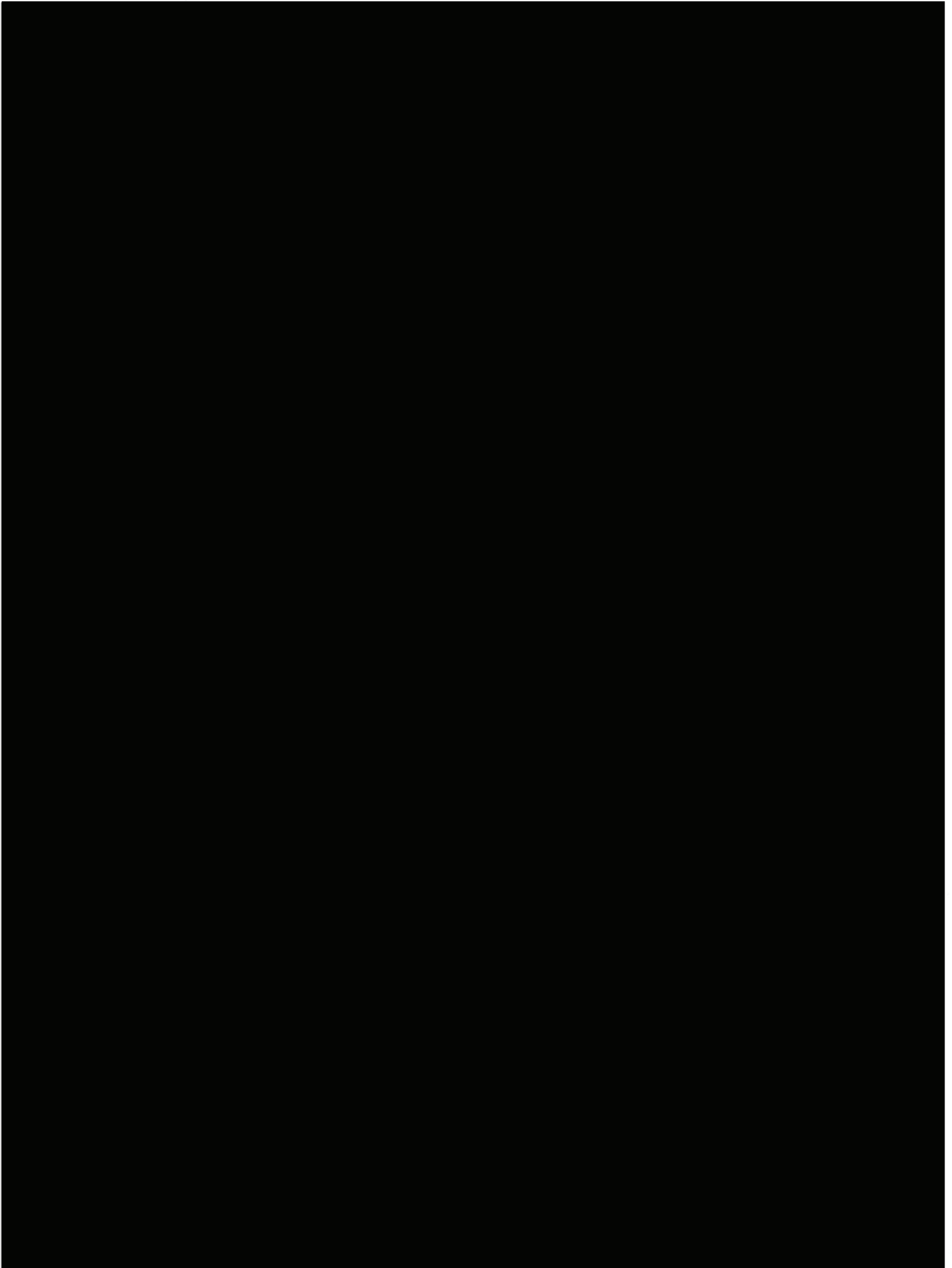






Subsection 4.12.2 - Available Funding





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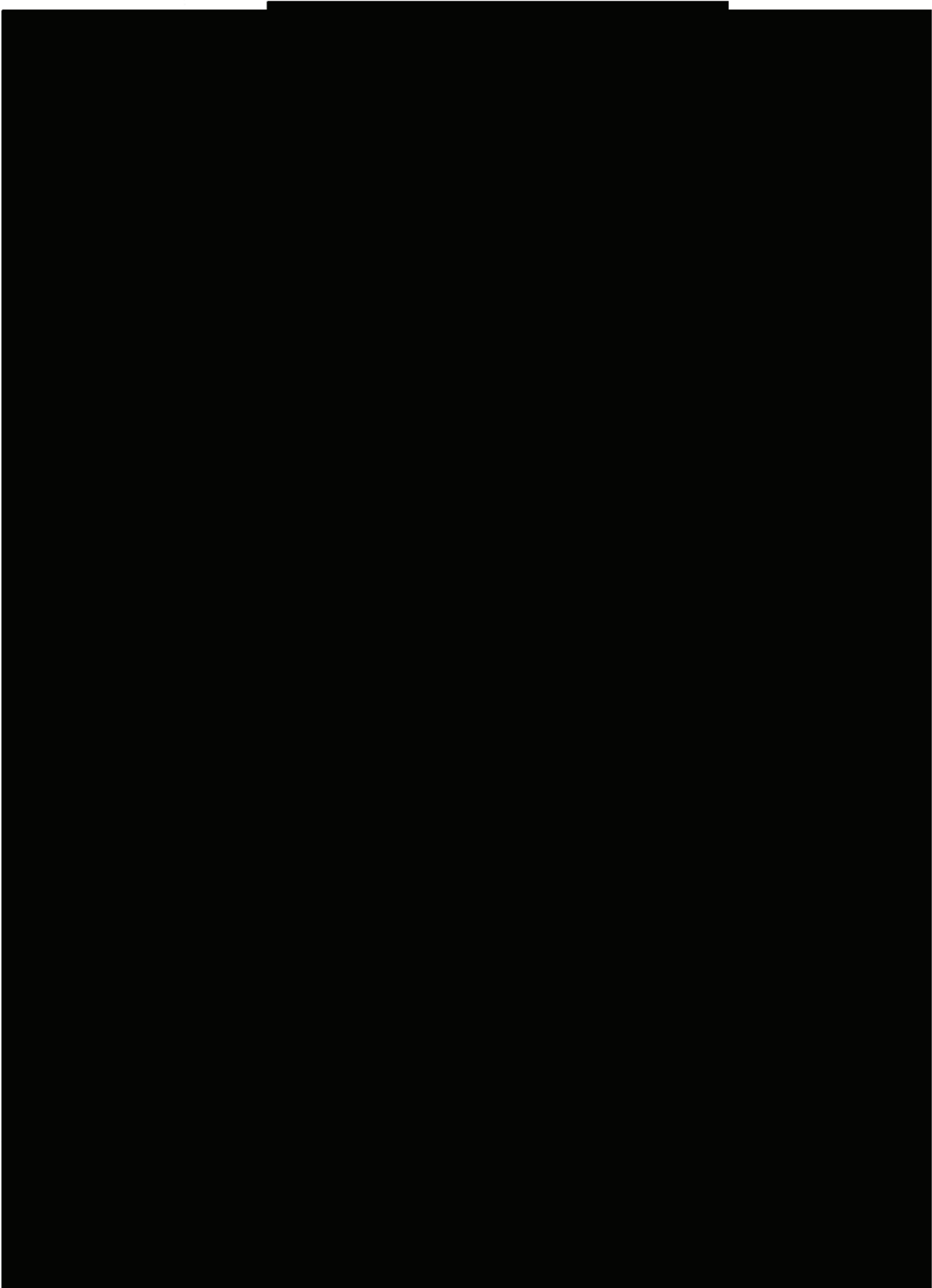
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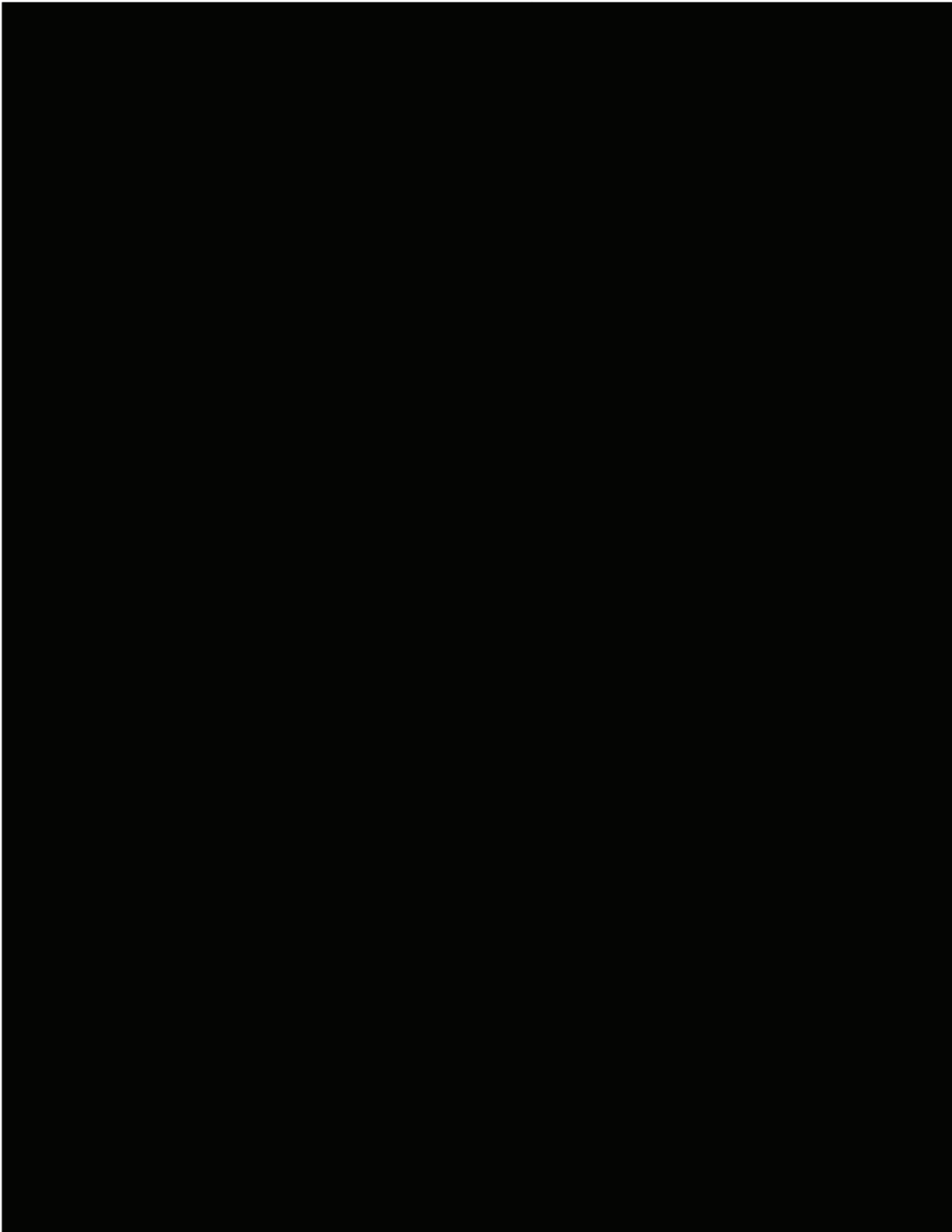
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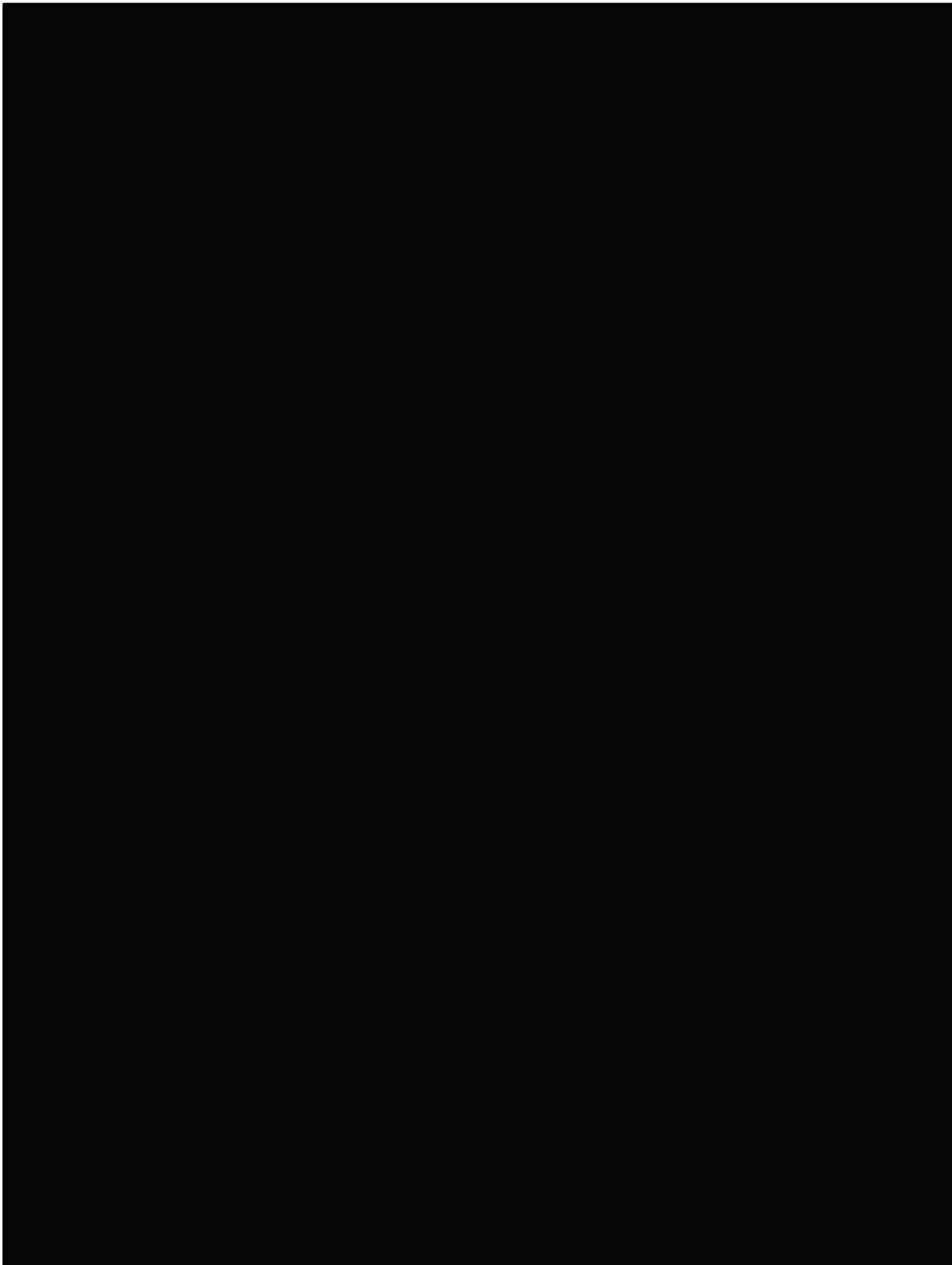


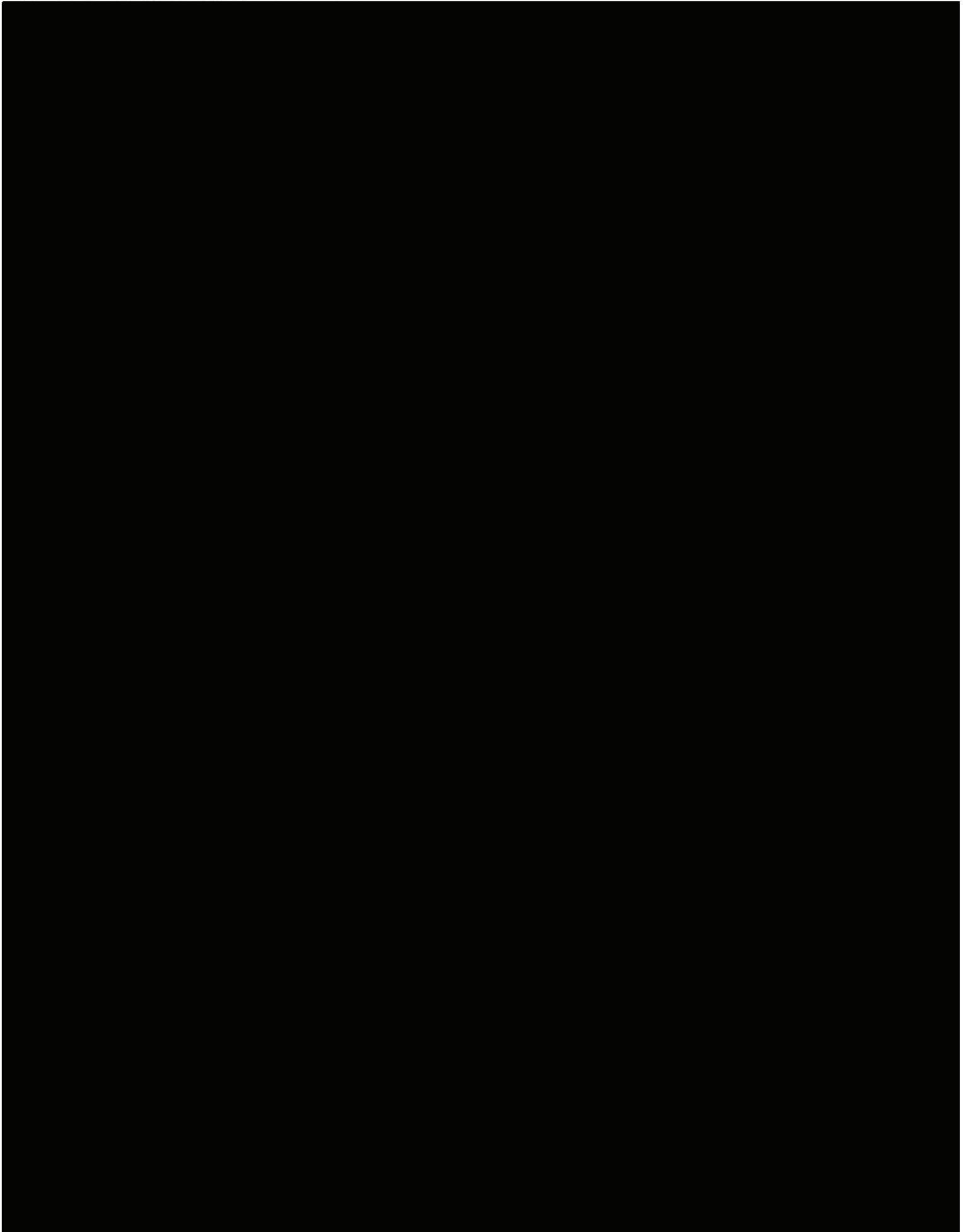




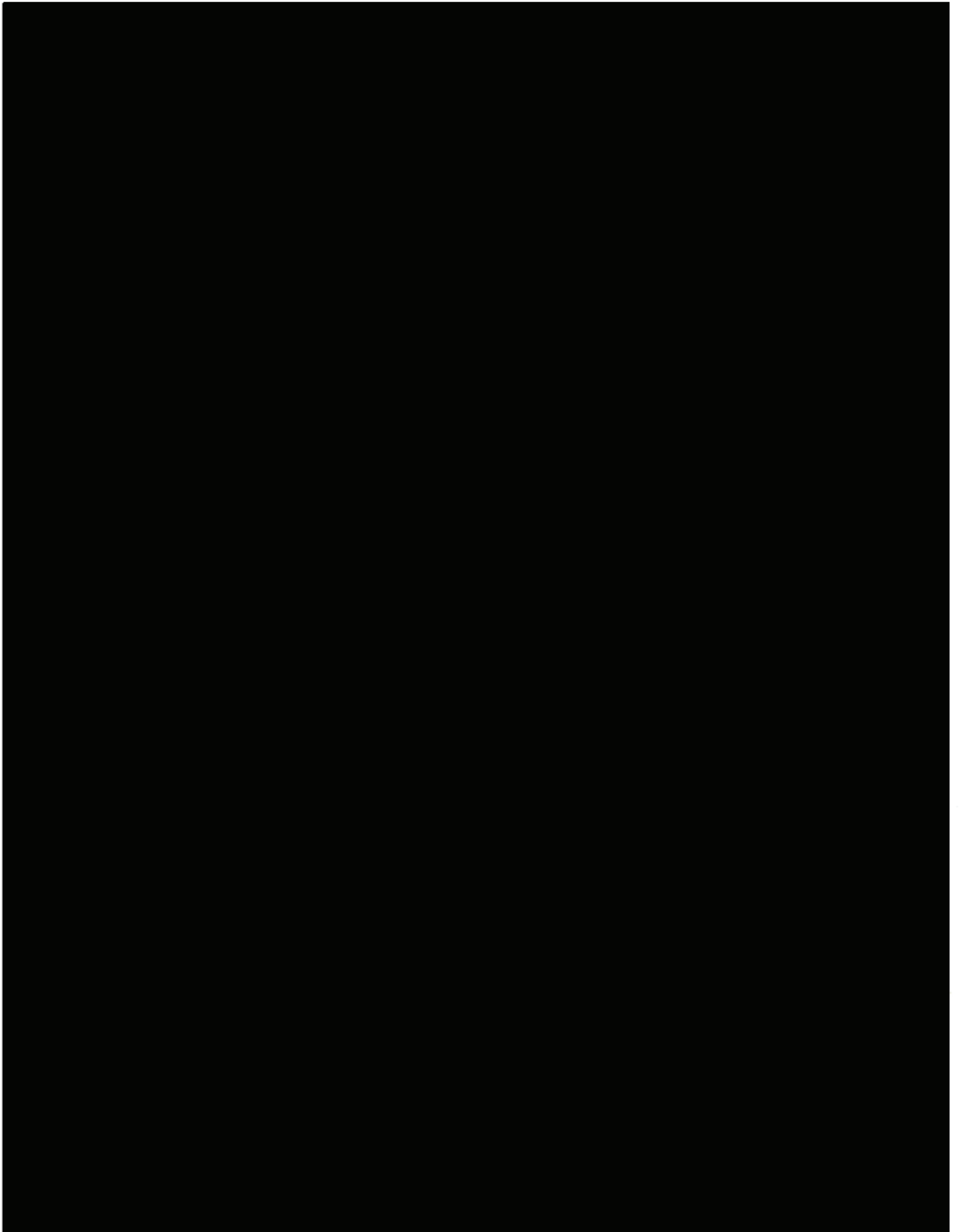
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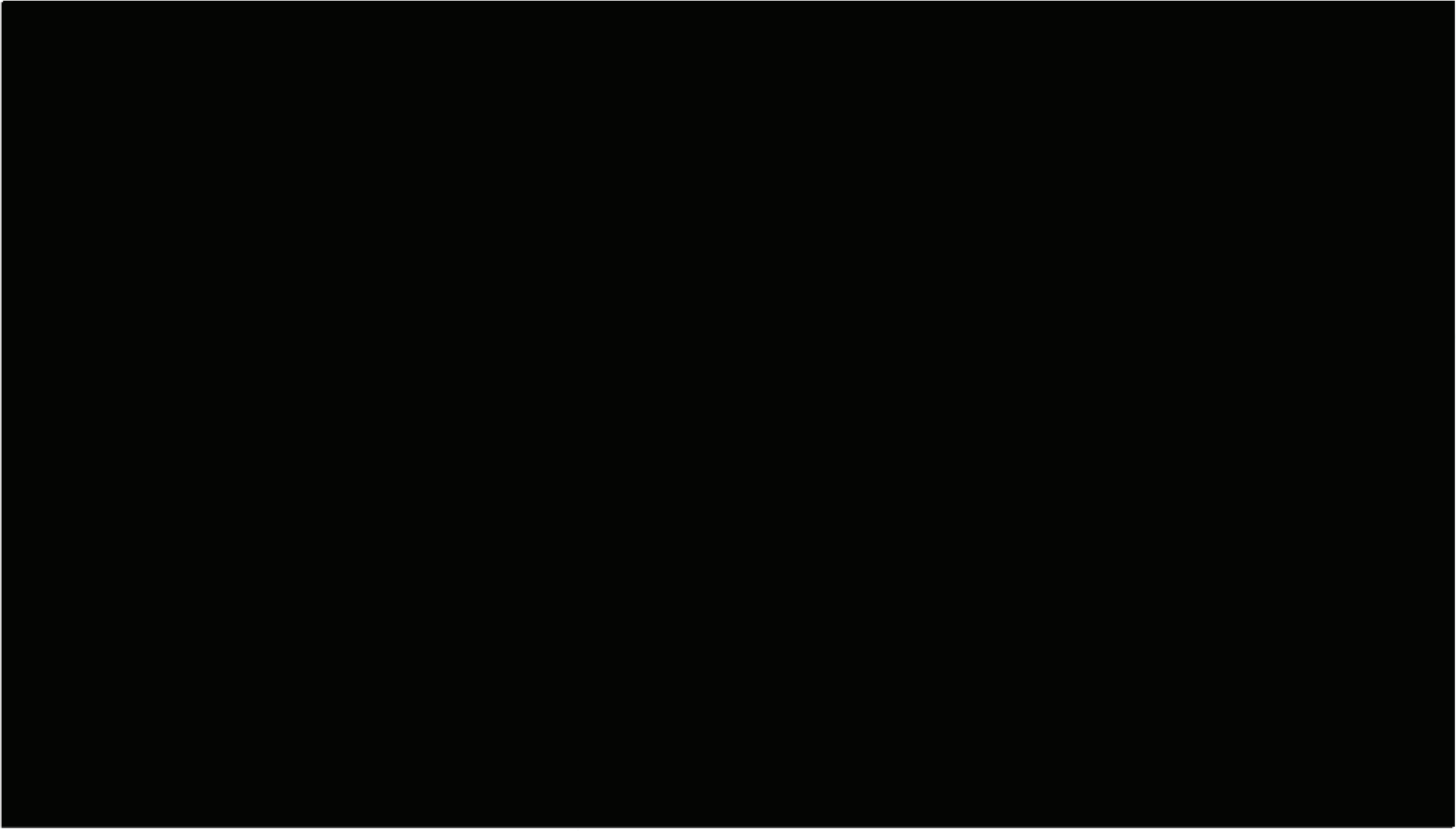




















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Subsection 4.13.2 - Ownership Information for Entity Applicants

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

Full names of managing partner and all other partner(s) and percentage of ownership:

Natural Person	
Name	
Albert	
O'Donnell	
Patricia	
O'Donnell	
Stephen	
O'Donnell	
Lauren	
O'Donnell	
Kristin	
O'Donnell	
Leif Olsen	
Michael	
Williamson	

Subsection 4.13.2 - Ownership Information for Entity Applicants

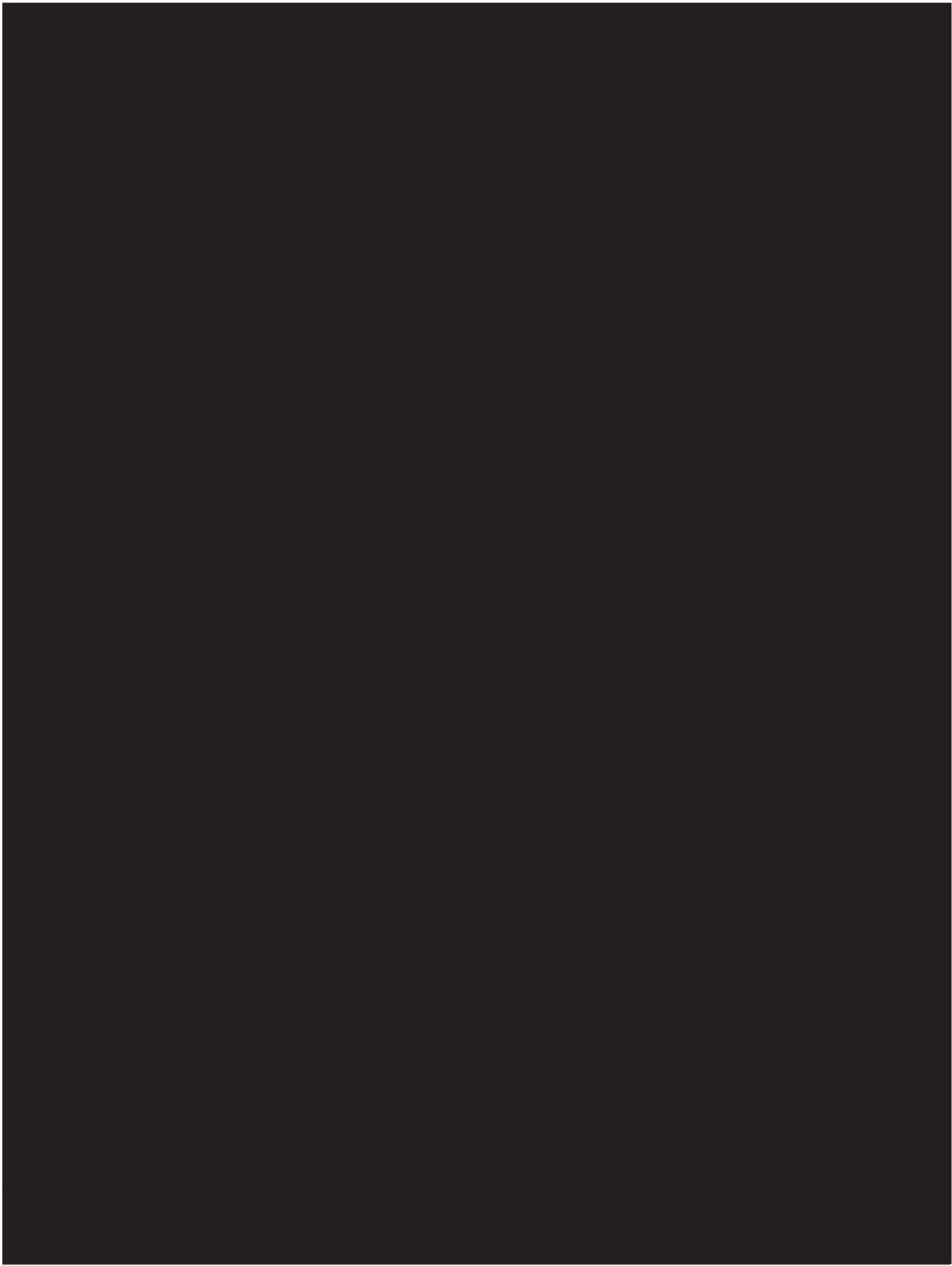
Ian Miller	
Andrew Schnack	
Laura Anderson	



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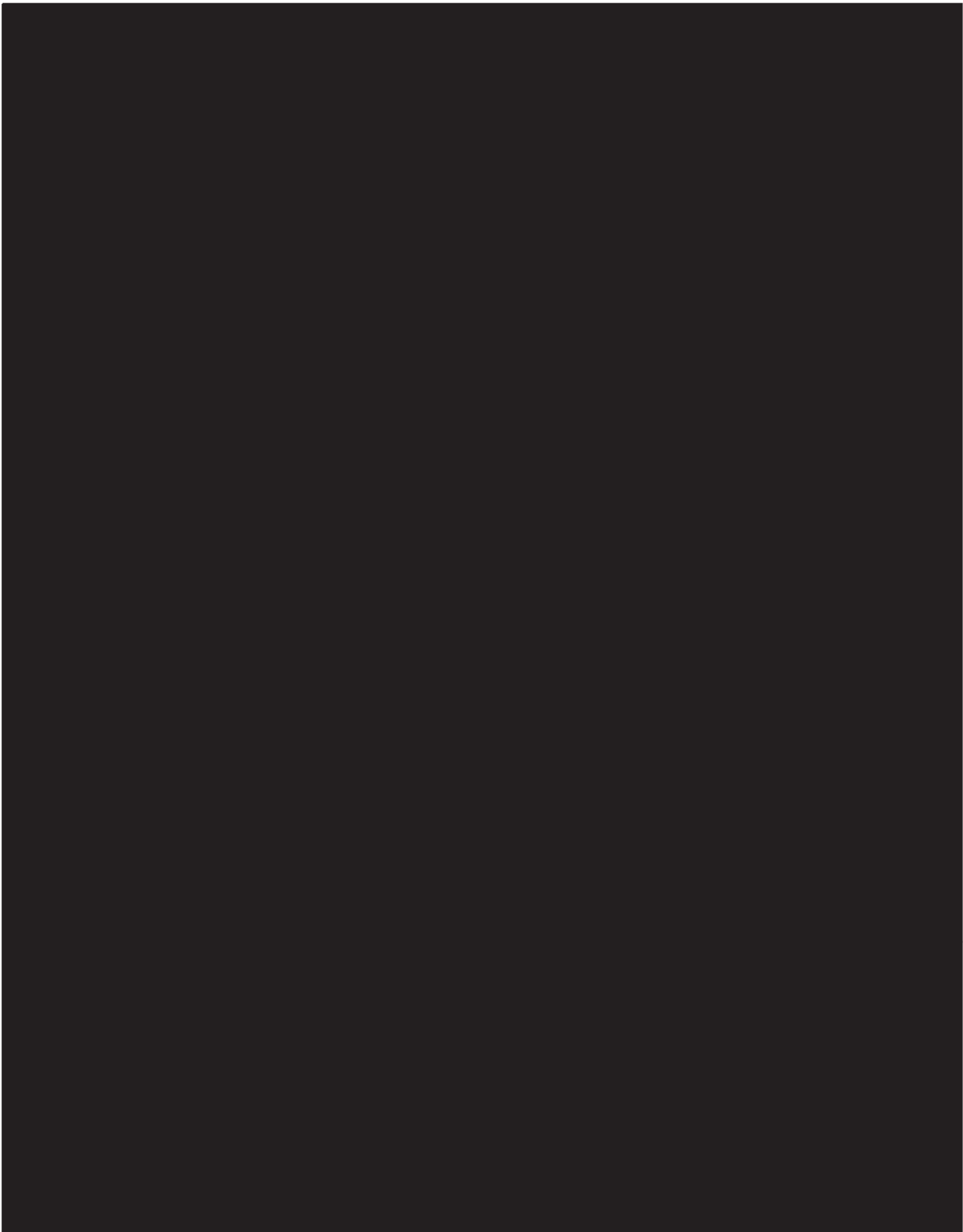












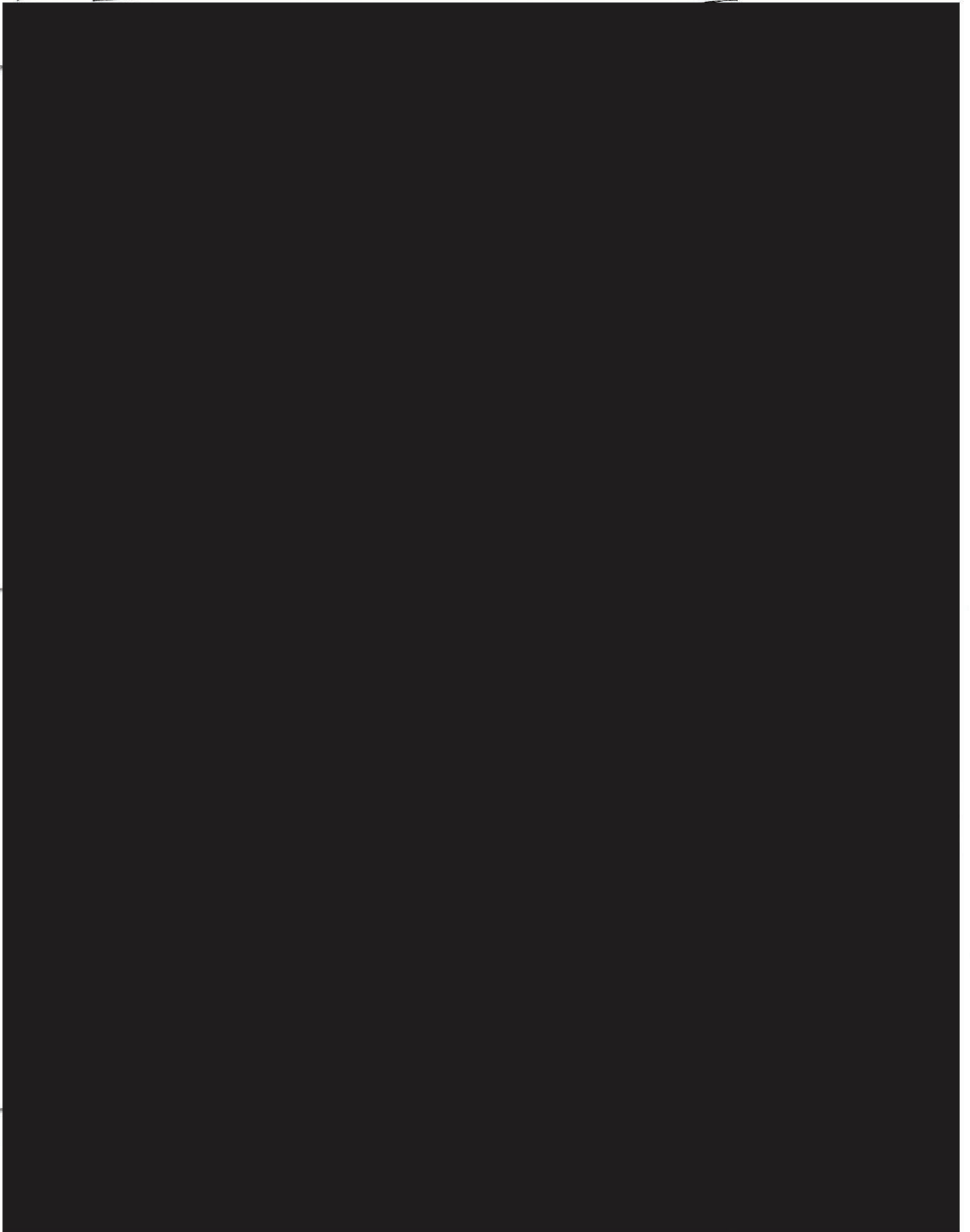


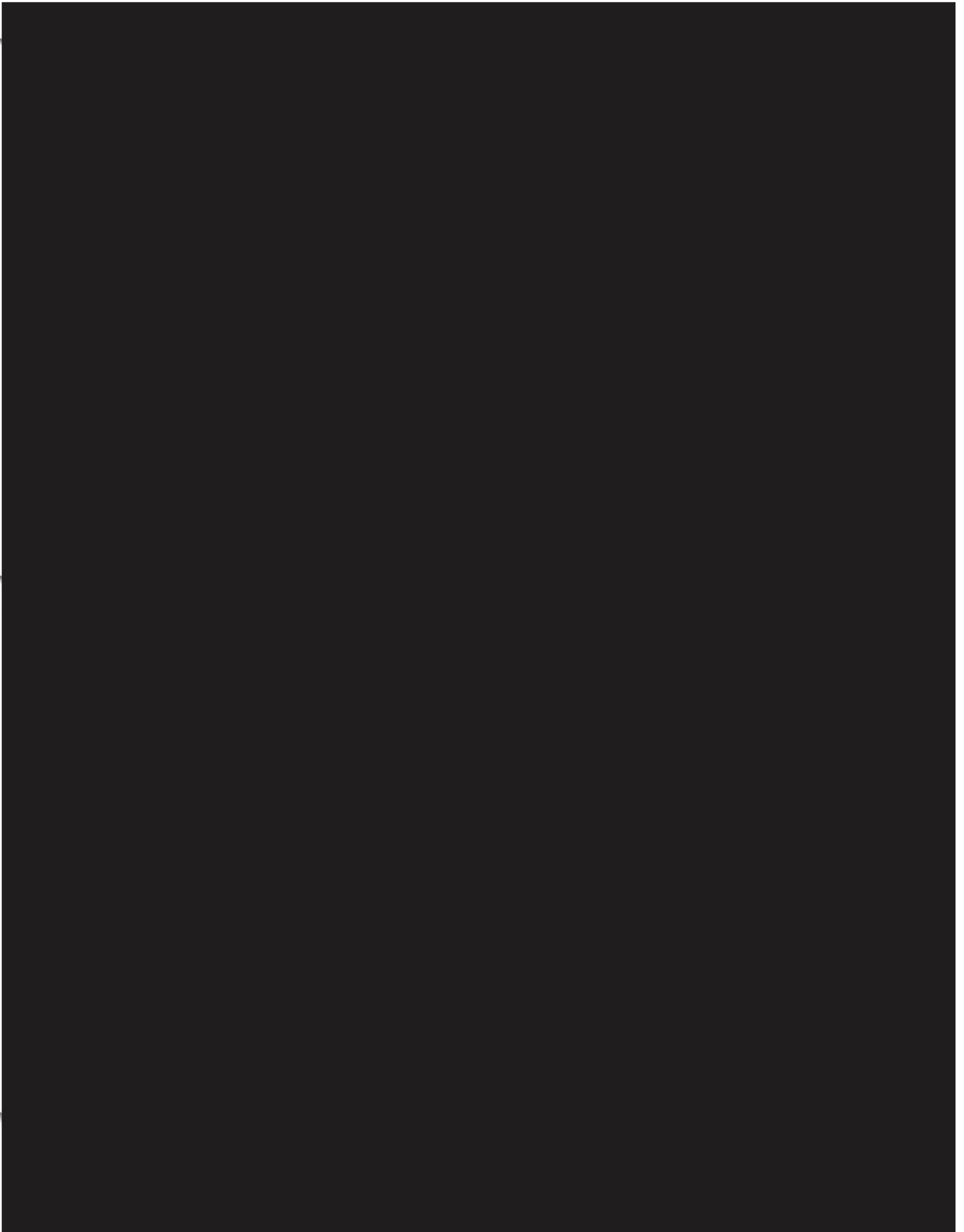






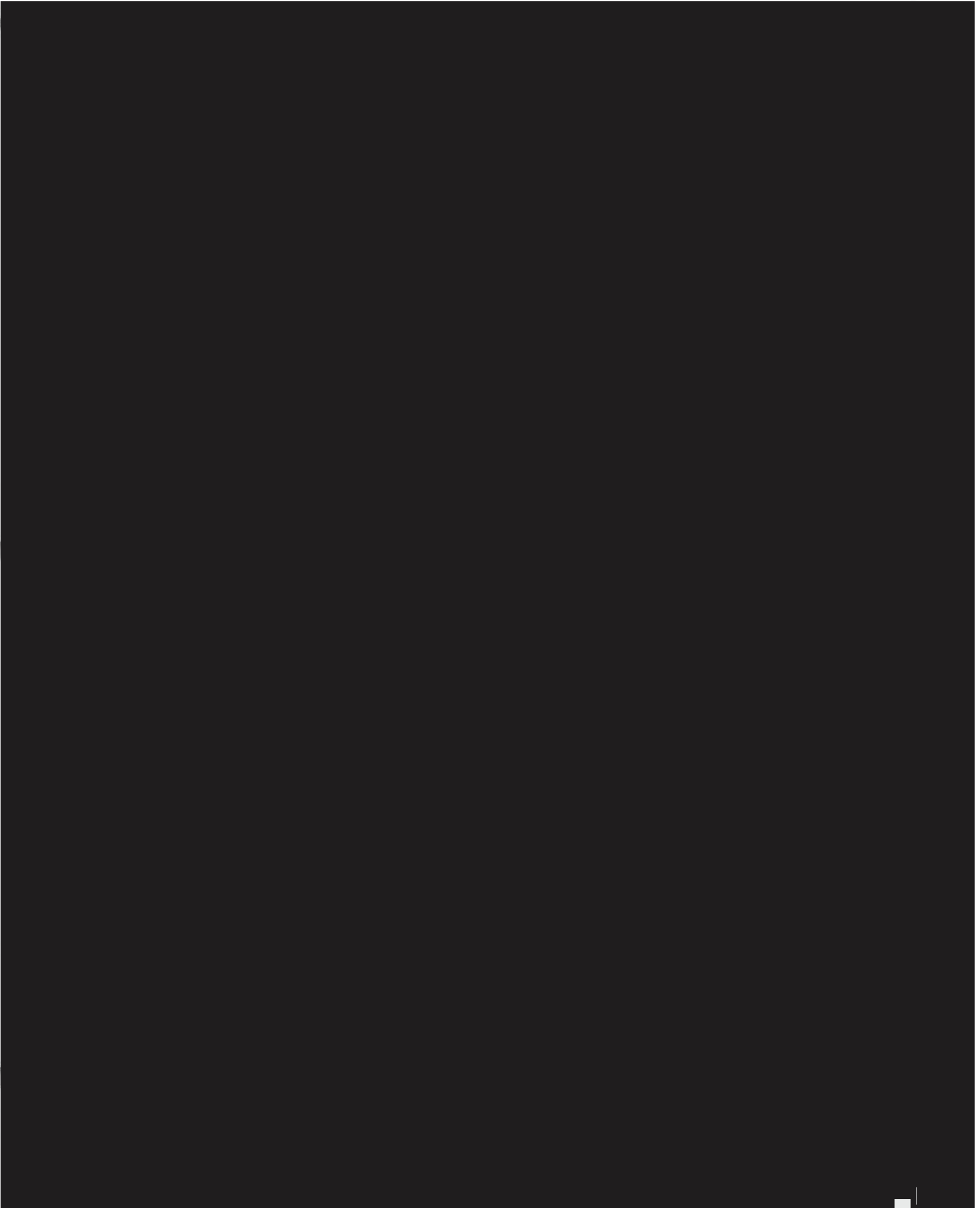






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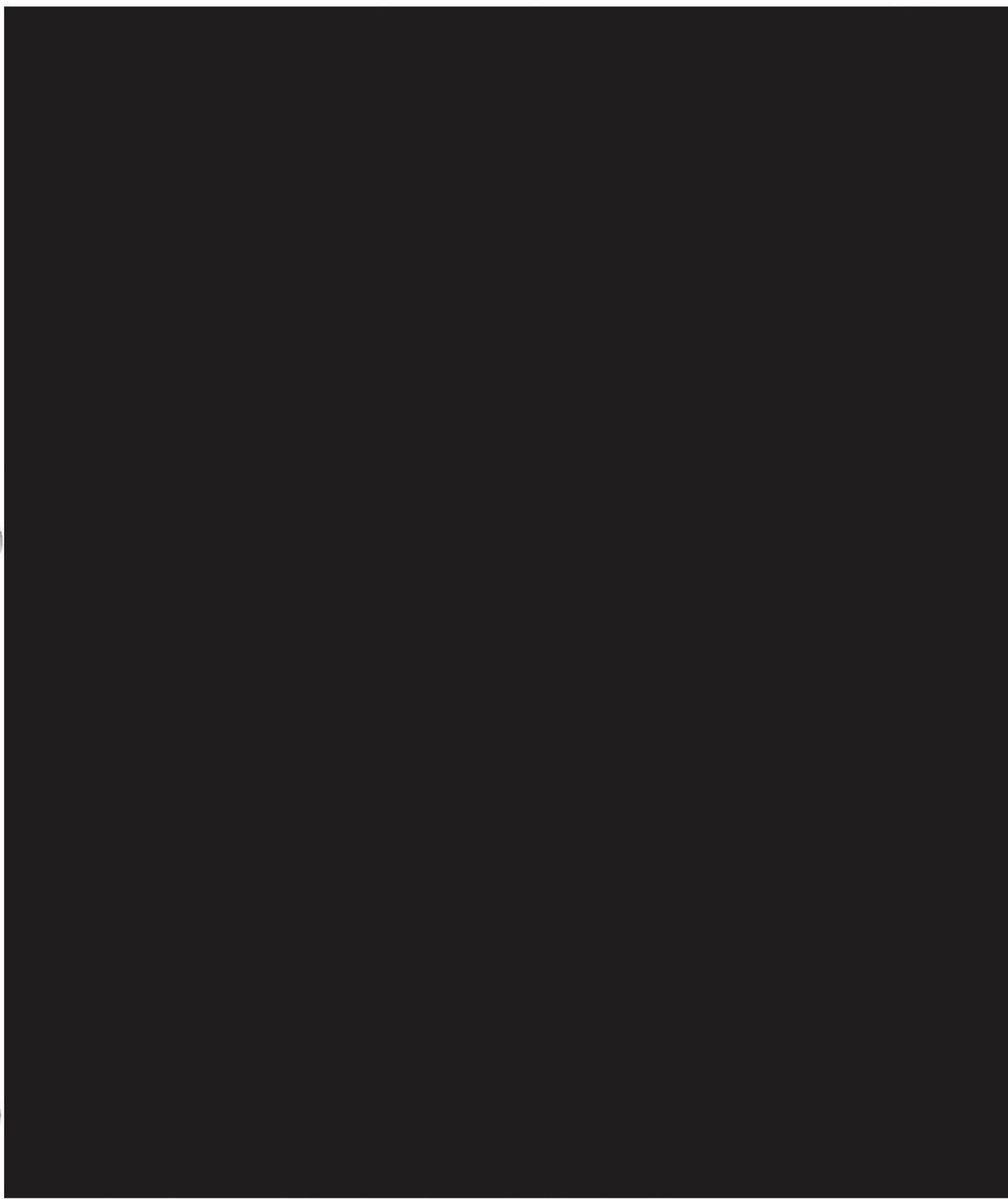
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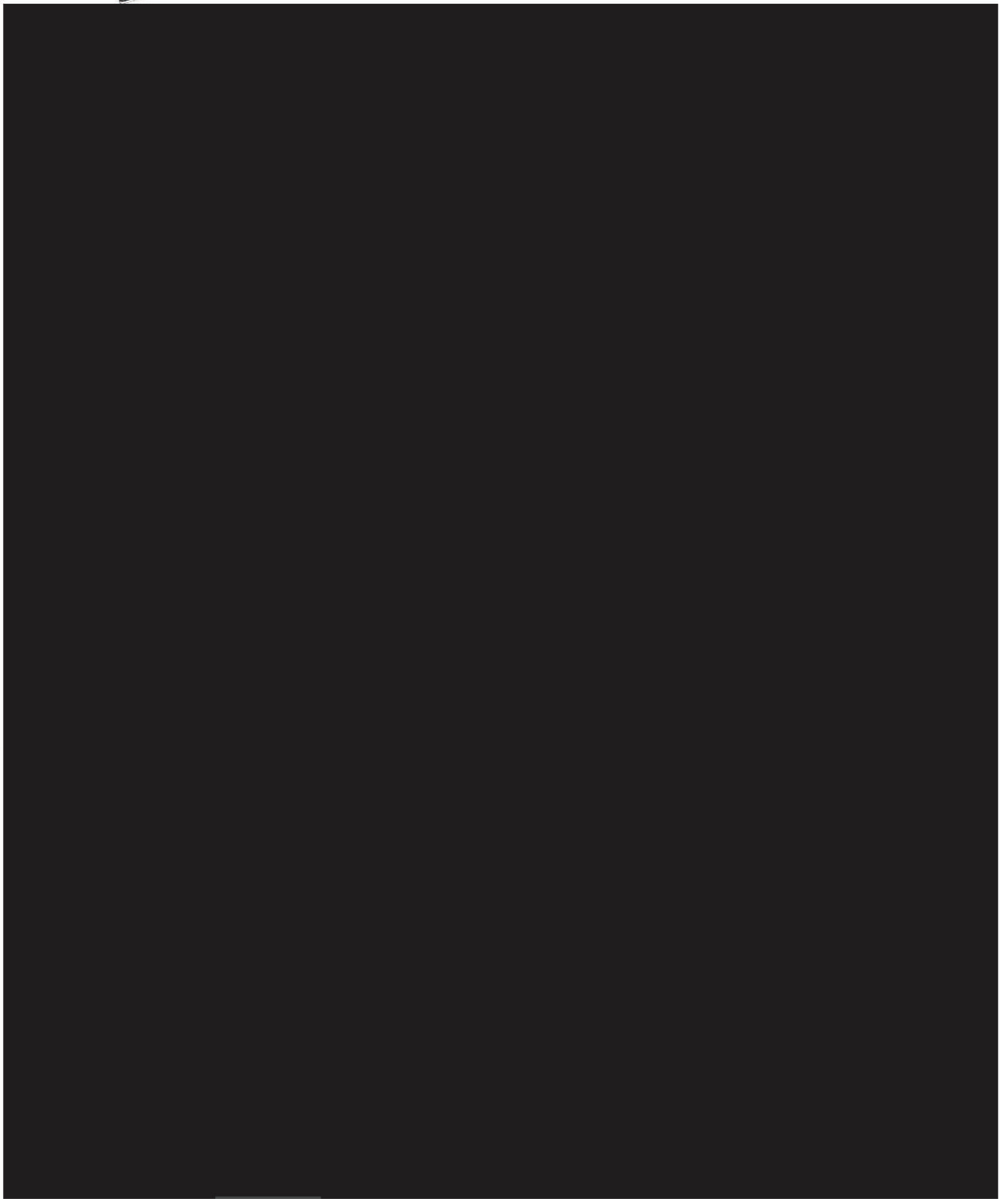
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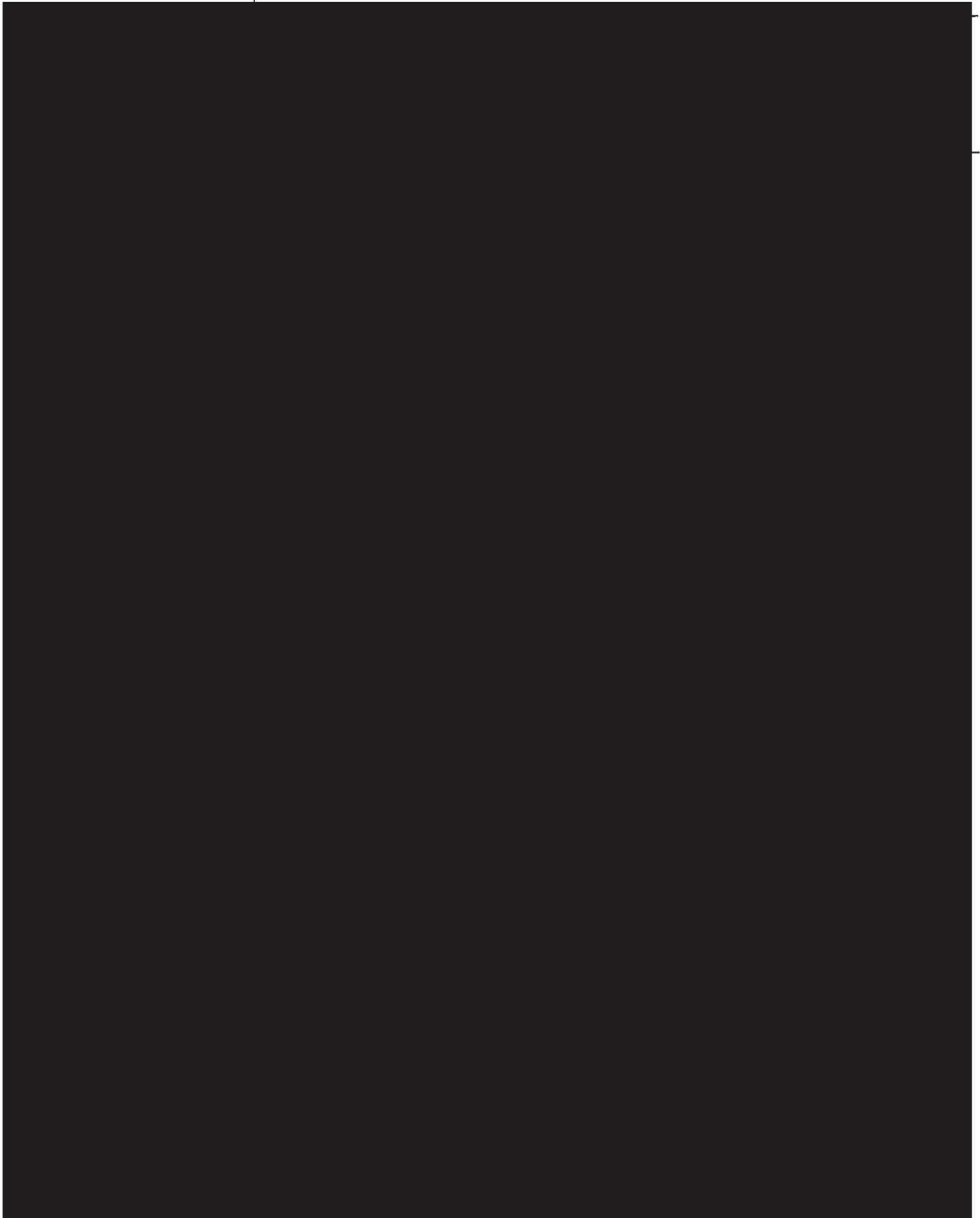




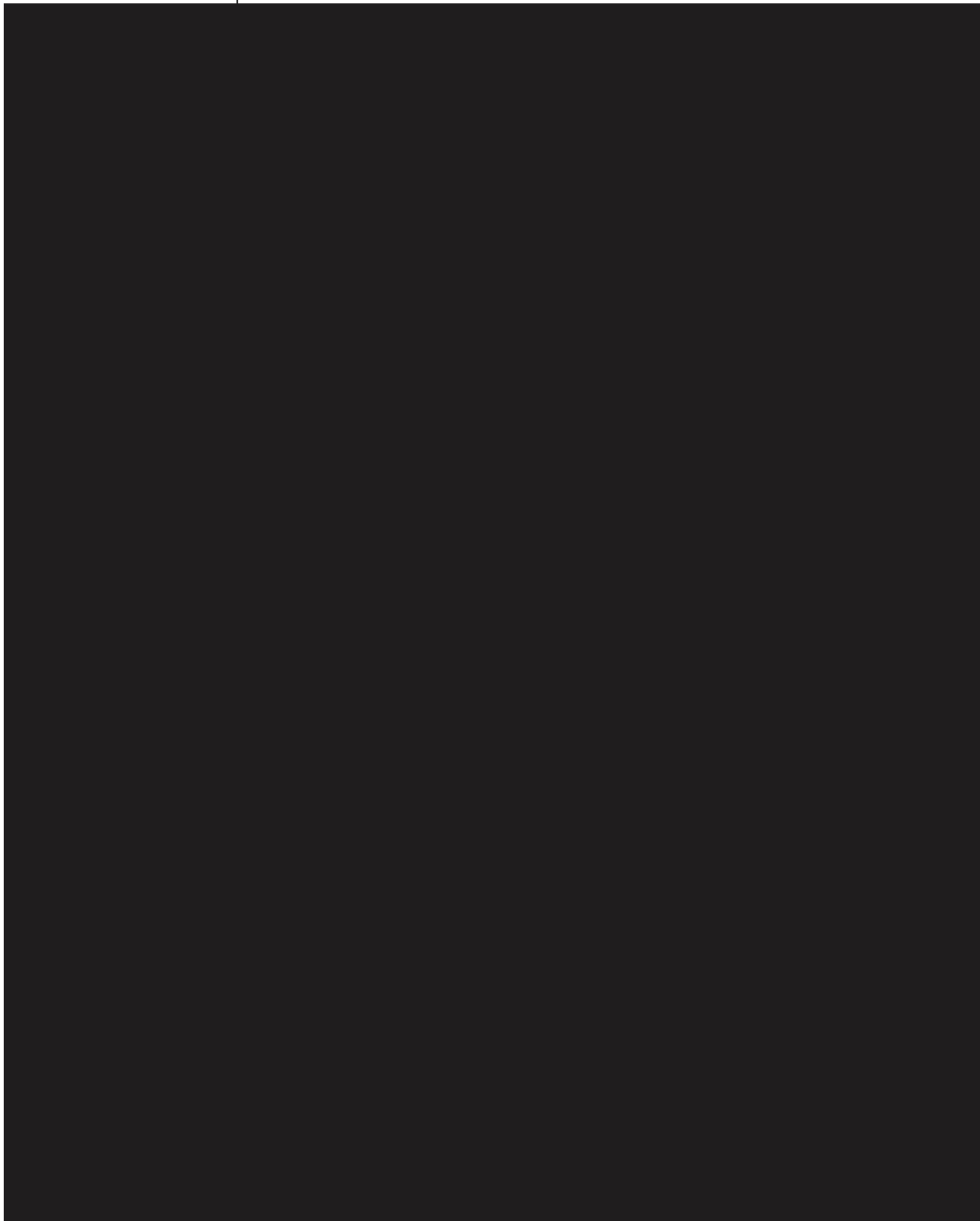


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Subsection 4.13.3 - Capitalization Tables, Change of Control, and Related Entities



Subsection 4.13.3 - Capitalization Tables, Change of Control, and Related Entities









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Albert "Al" O'Donnell

Patricia "Pat" O'Donnell

Lauren O'Donnell

Stephen O'Donnell

Andy Schnack

Ian Miller

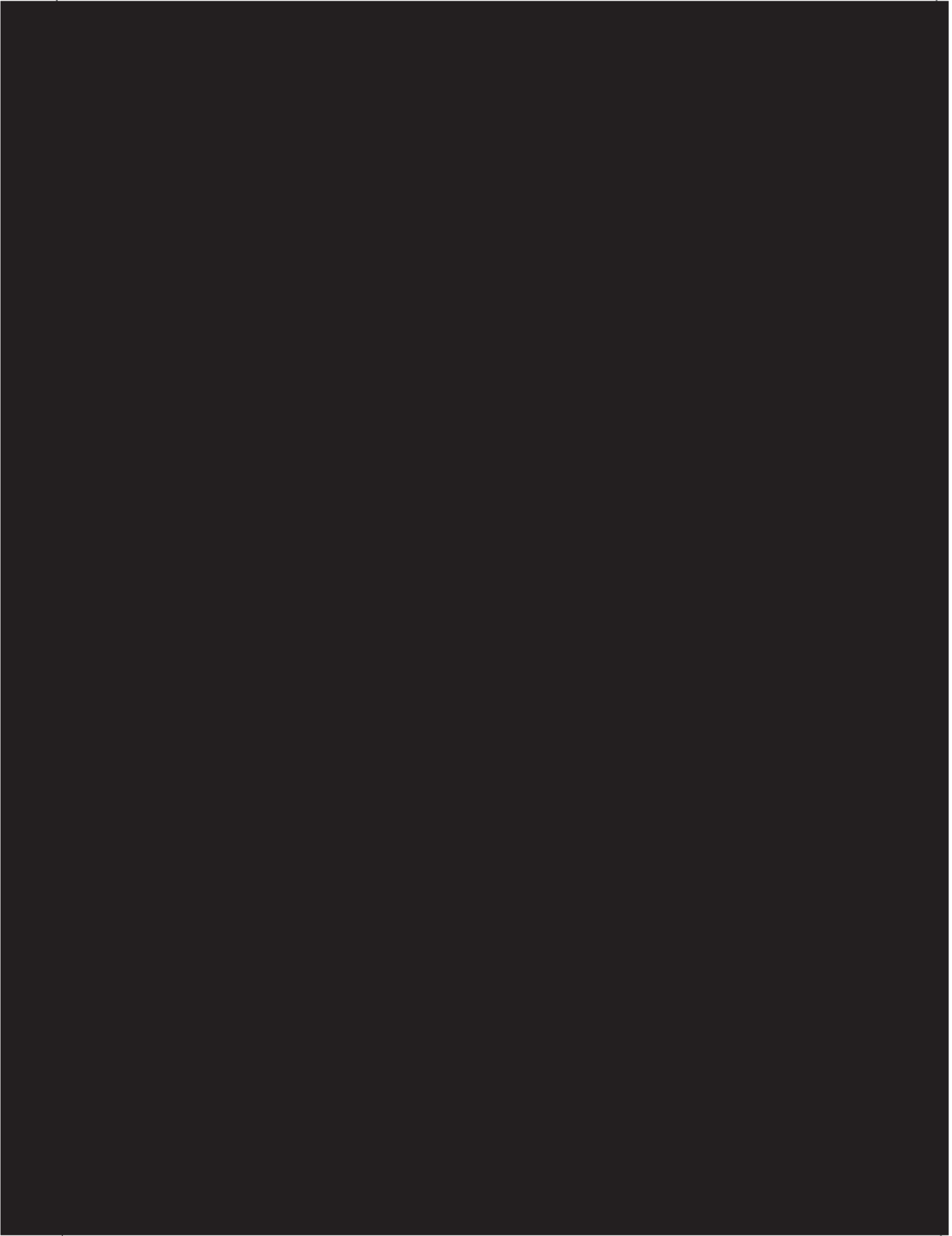
Laura Anderson

Leif Olsen

Michael Williamson

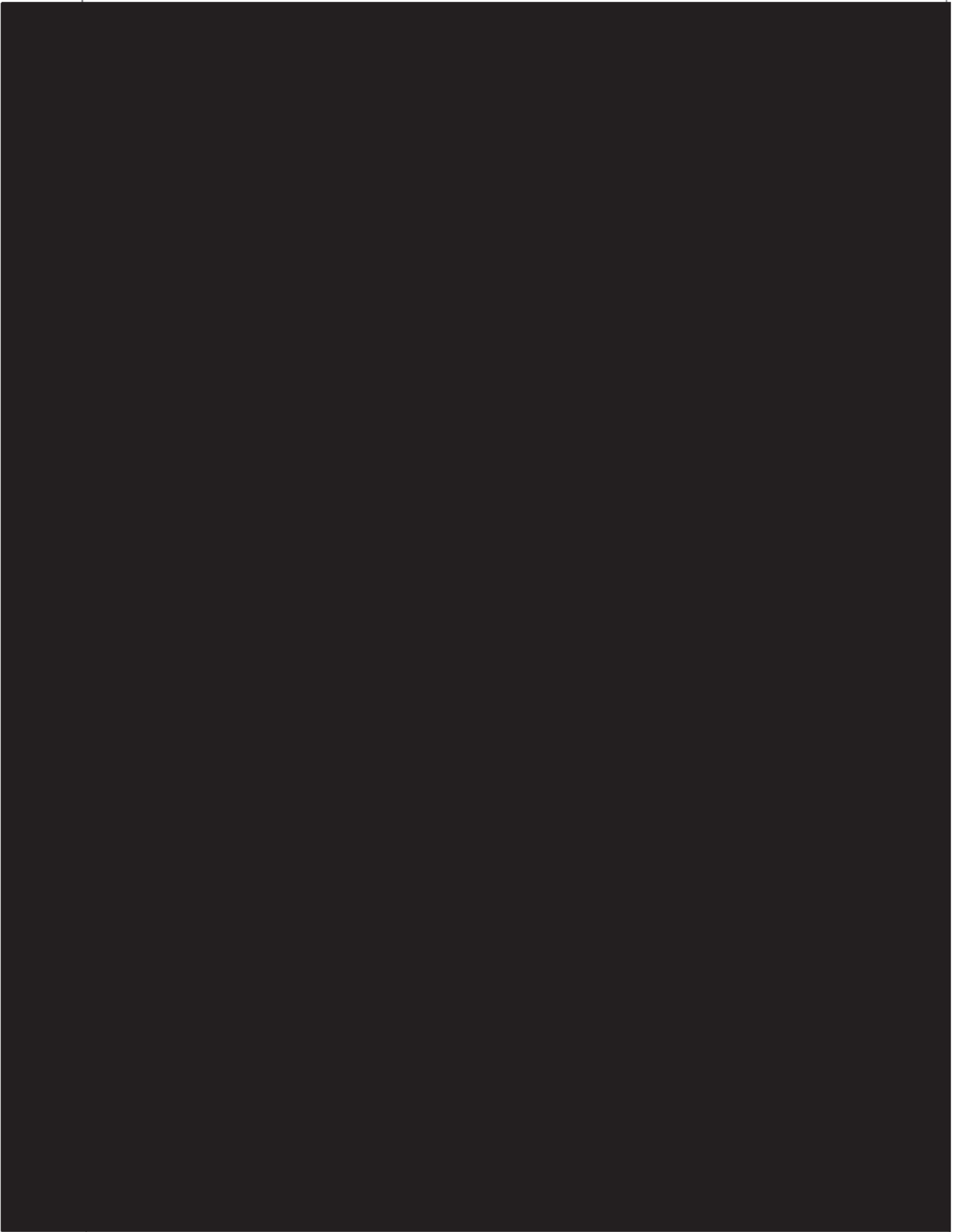


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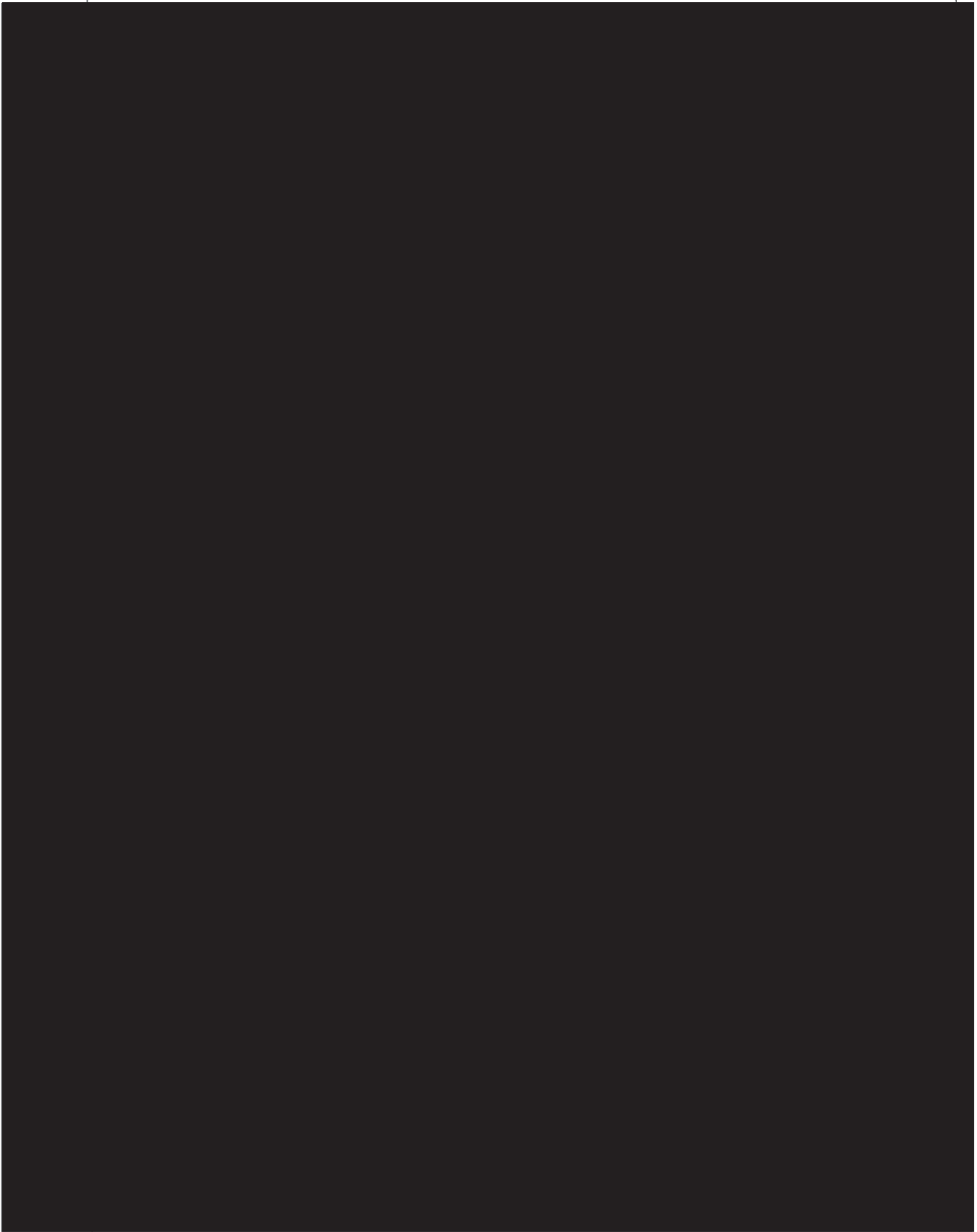


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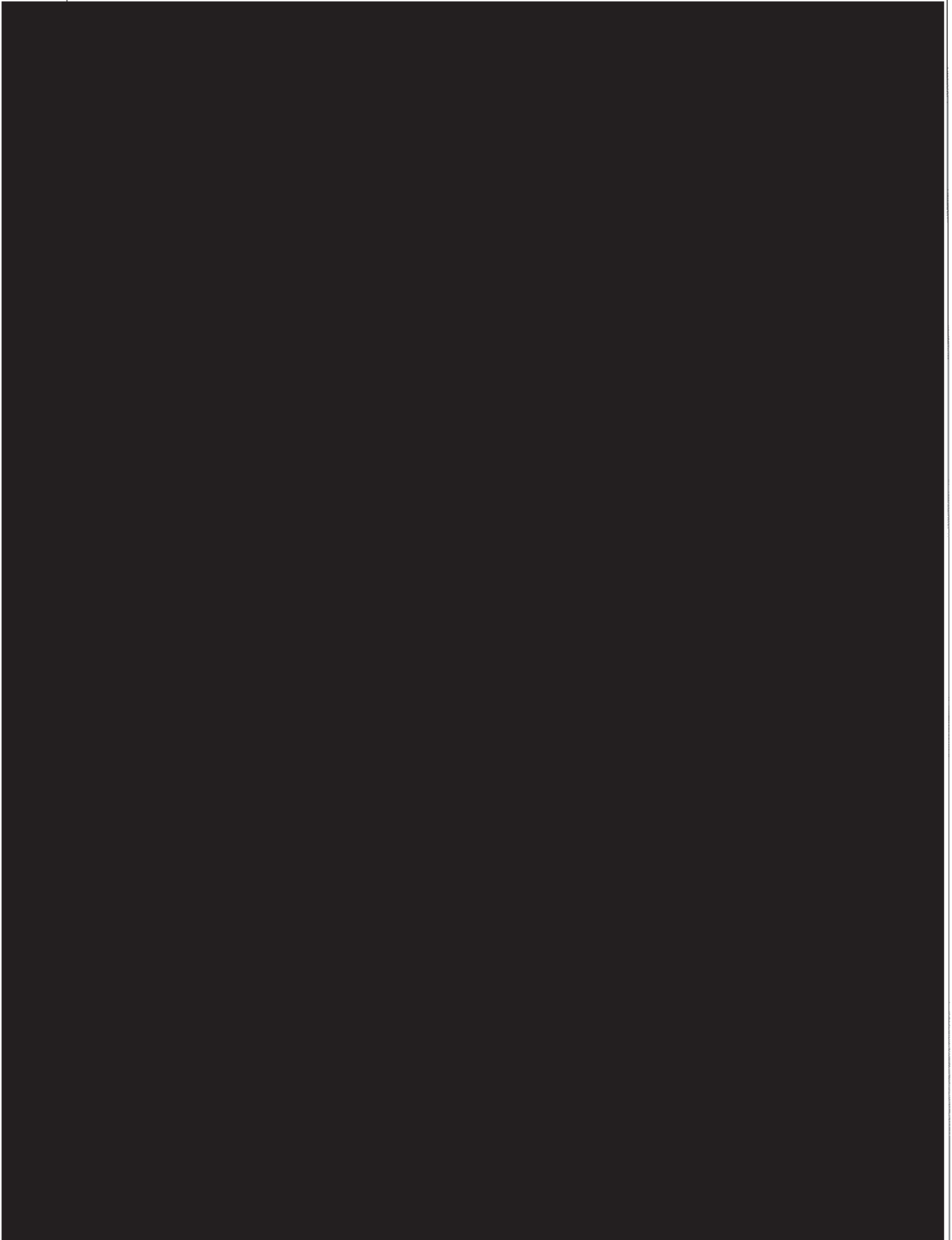




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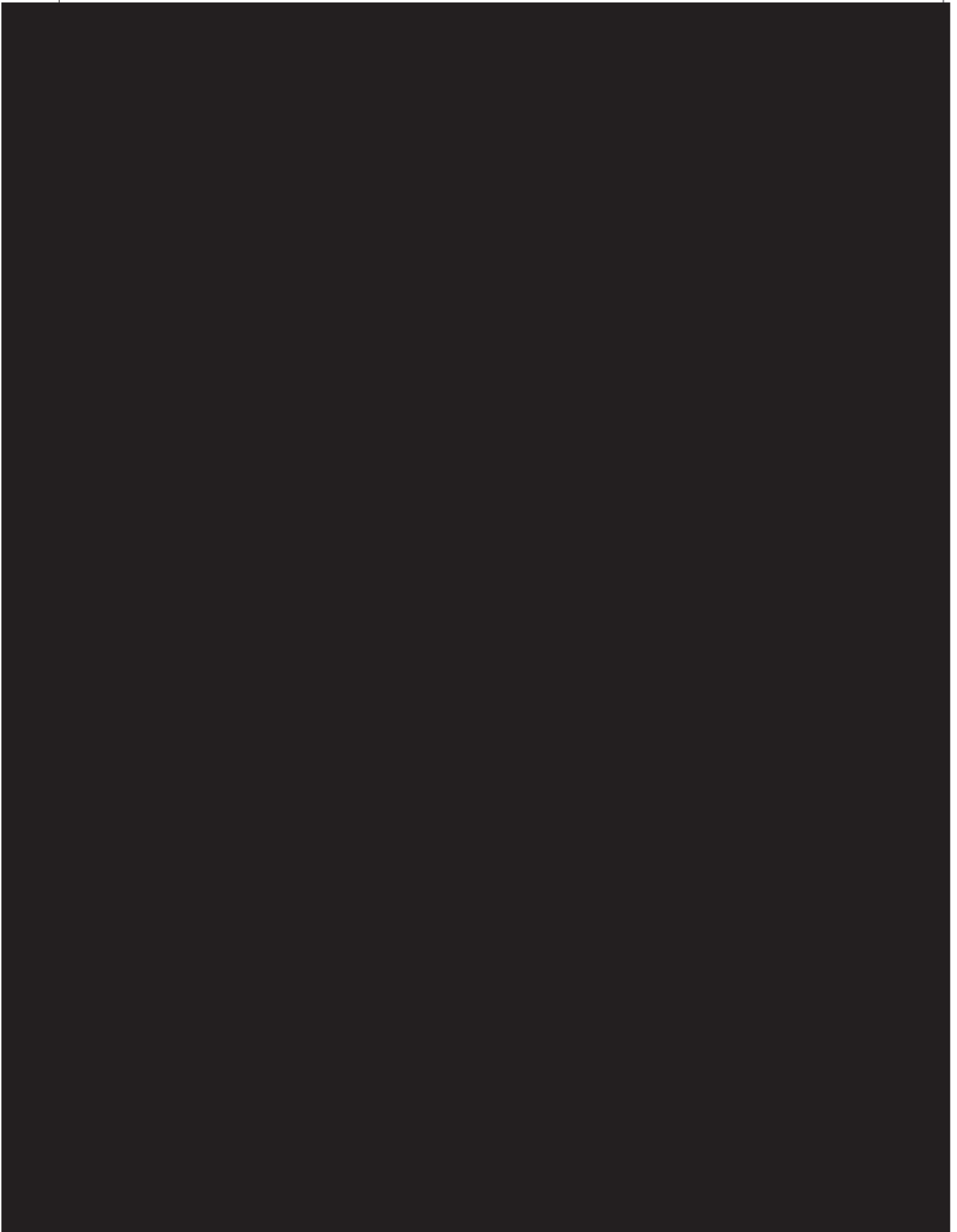




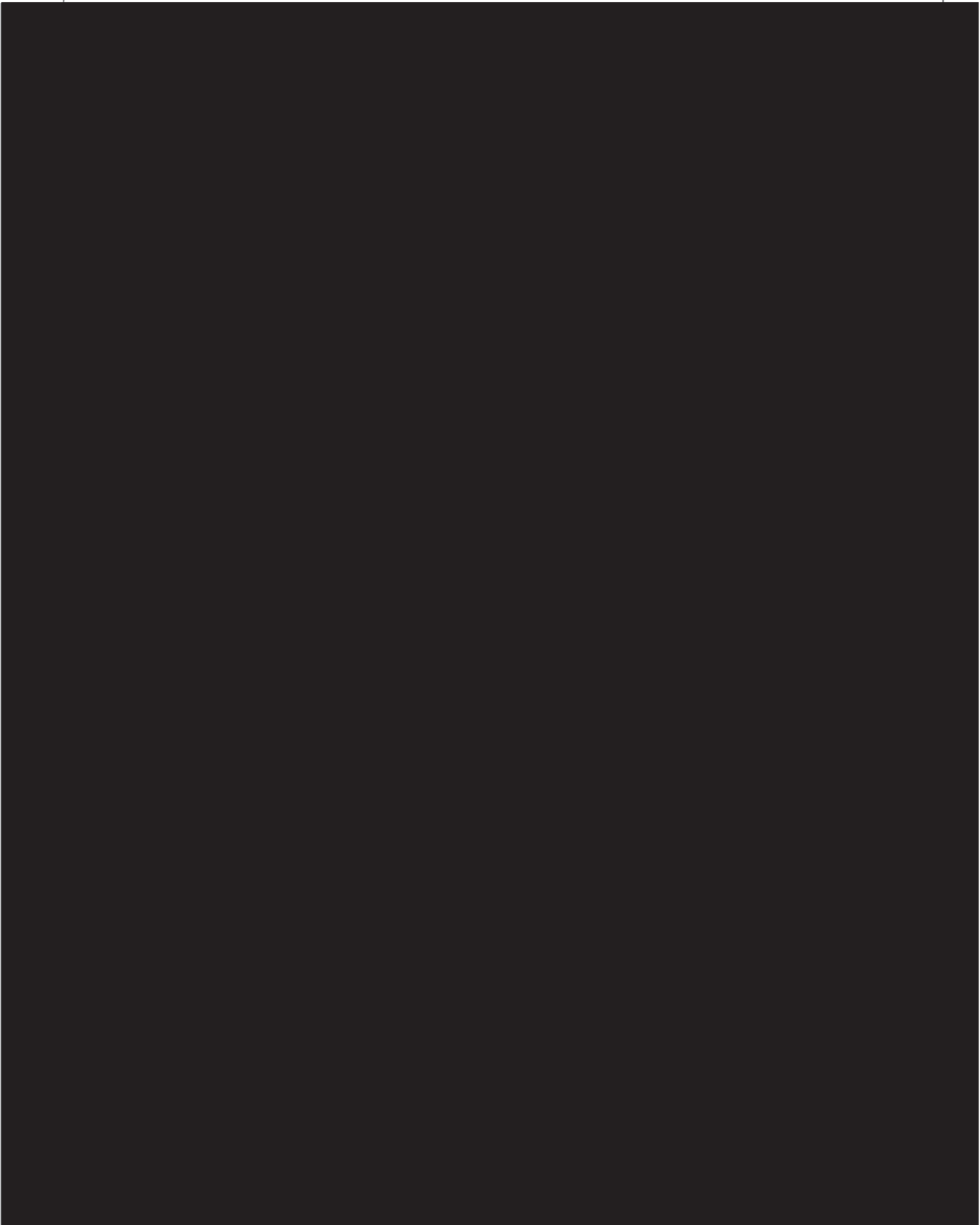


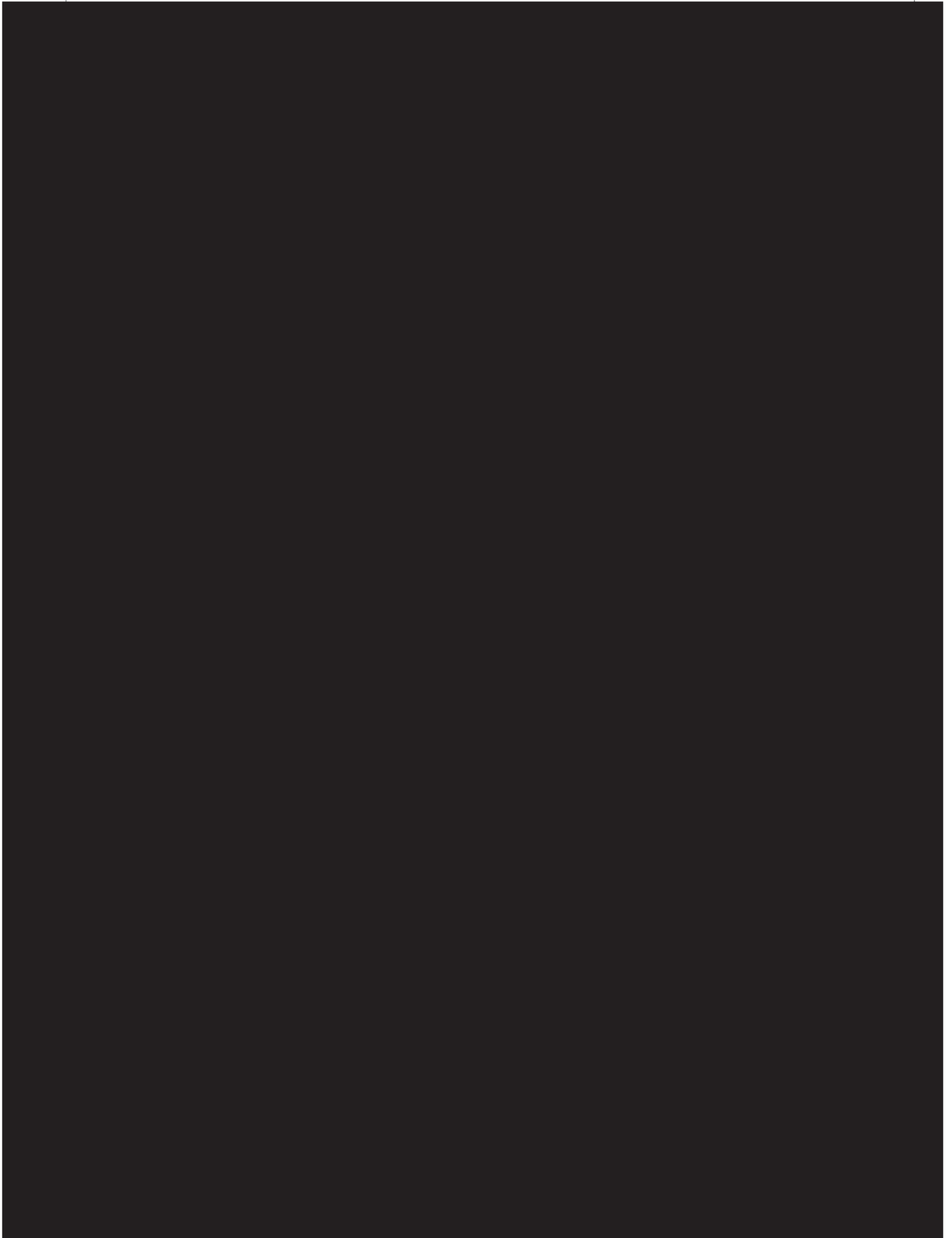






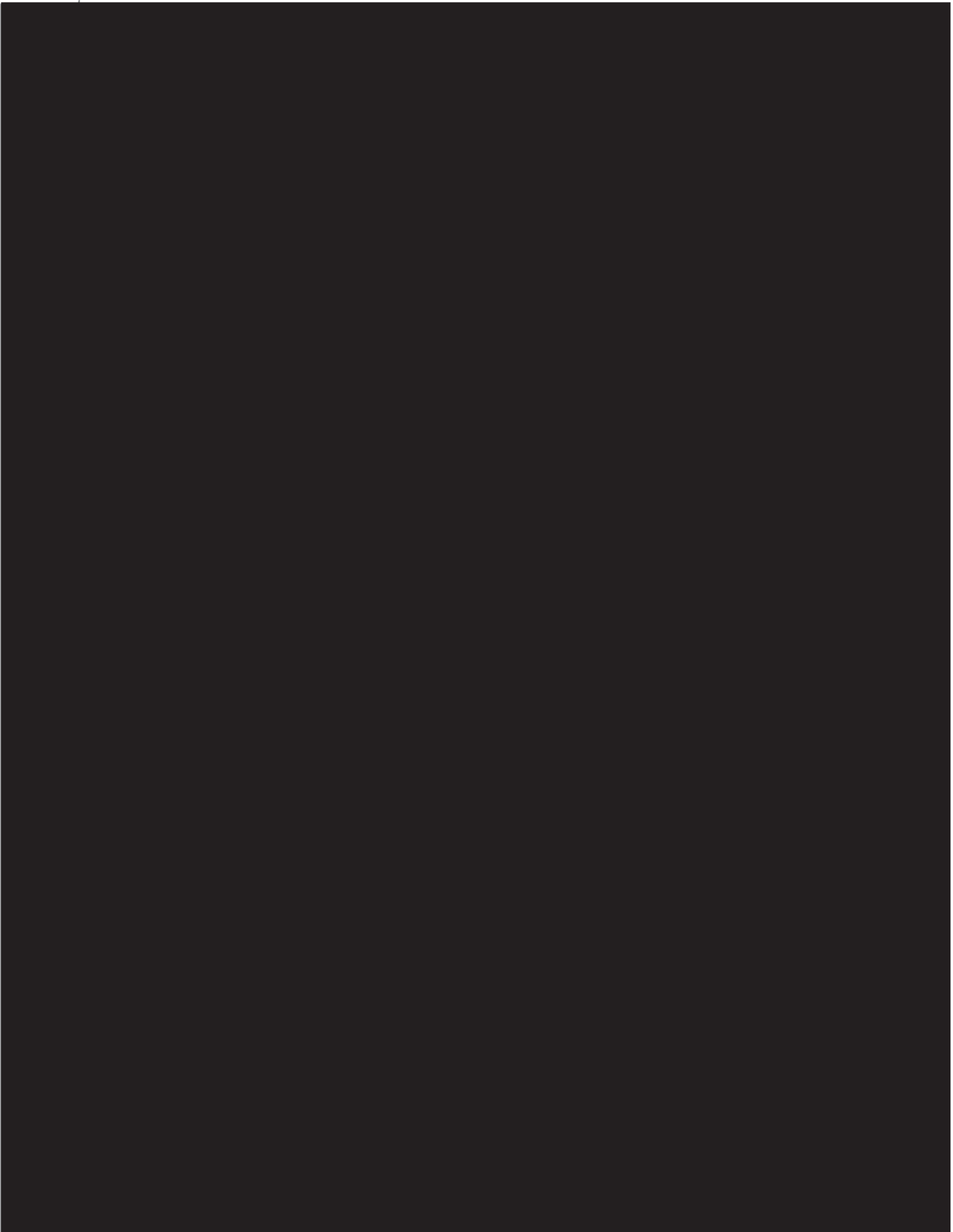
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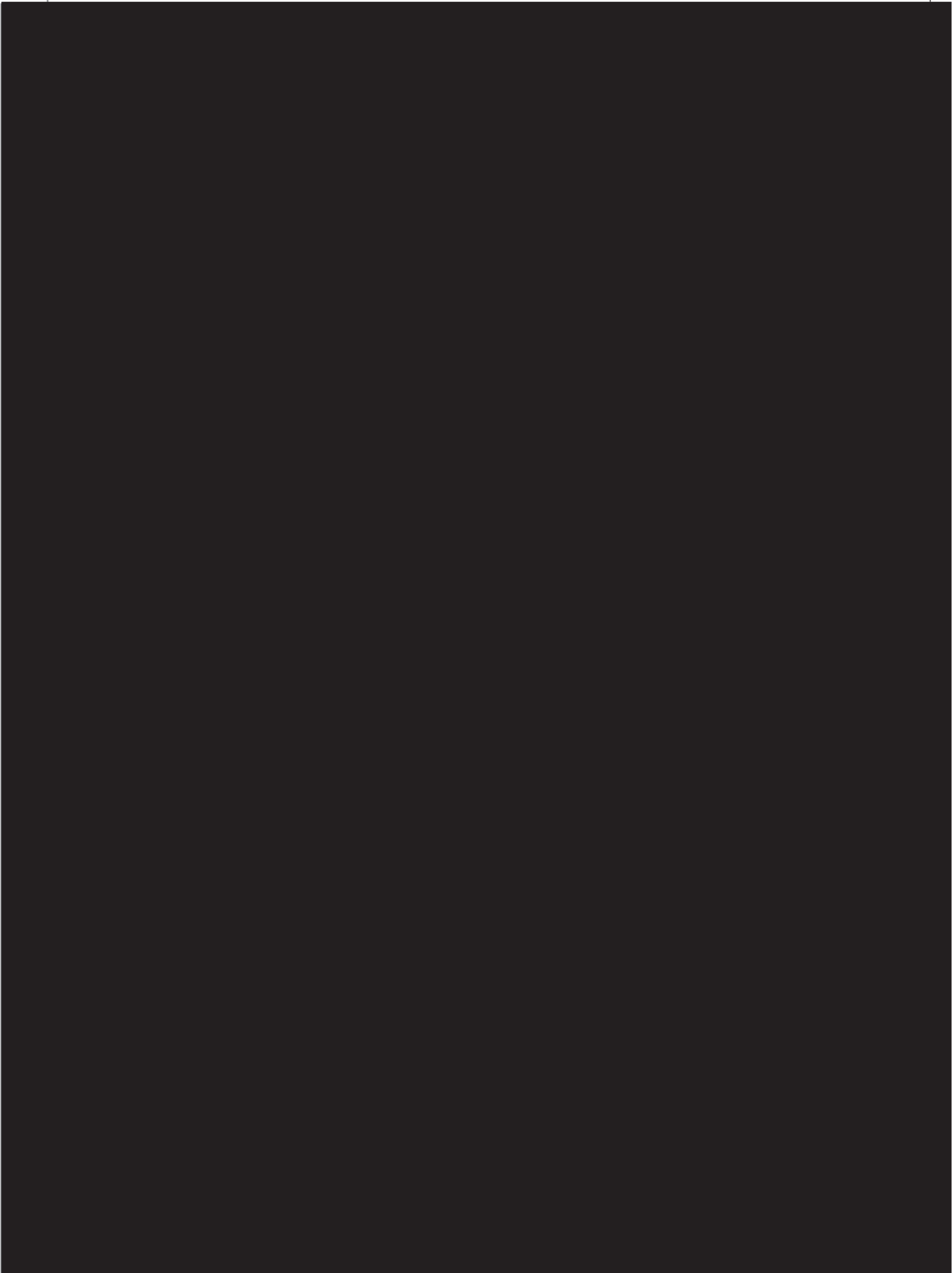




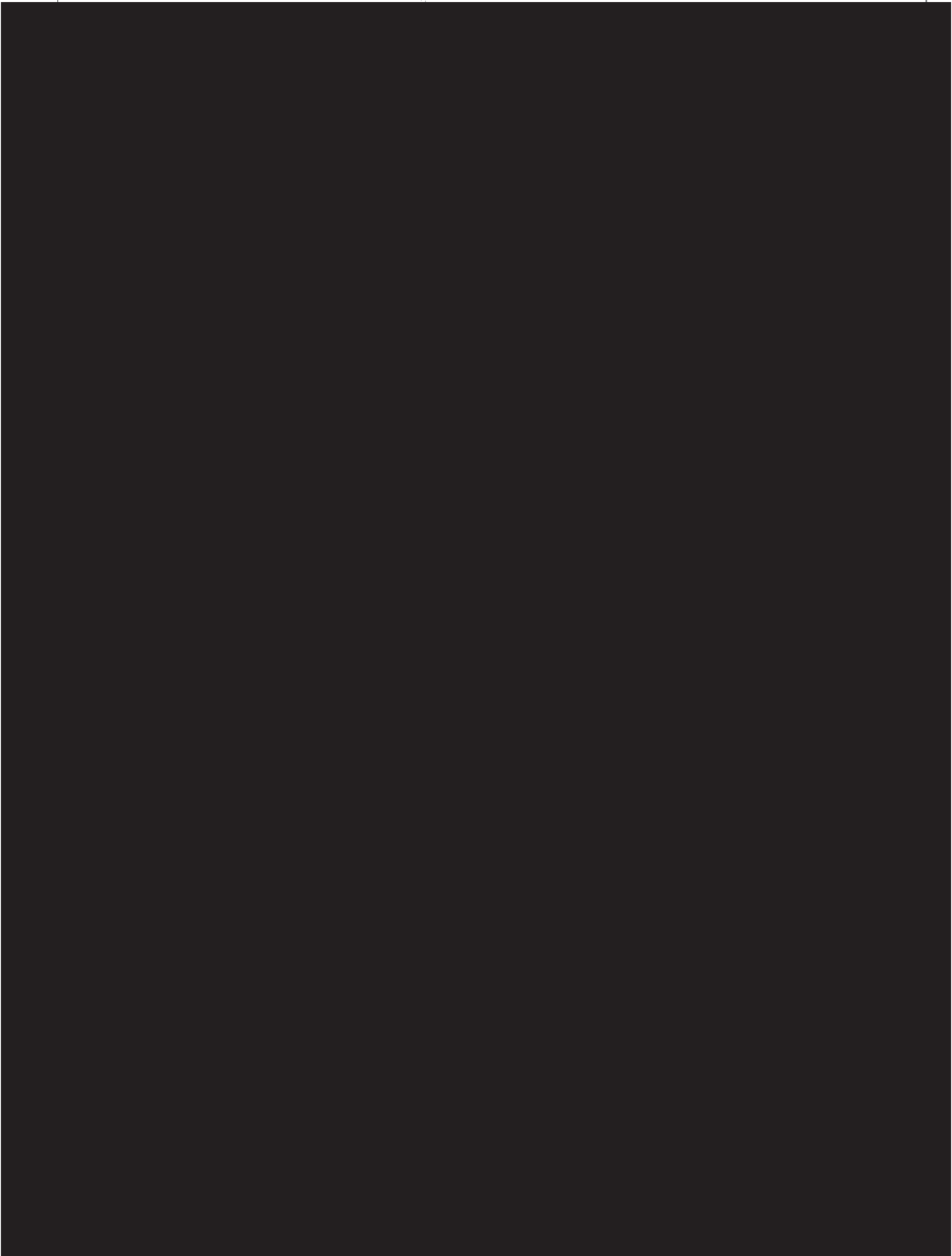


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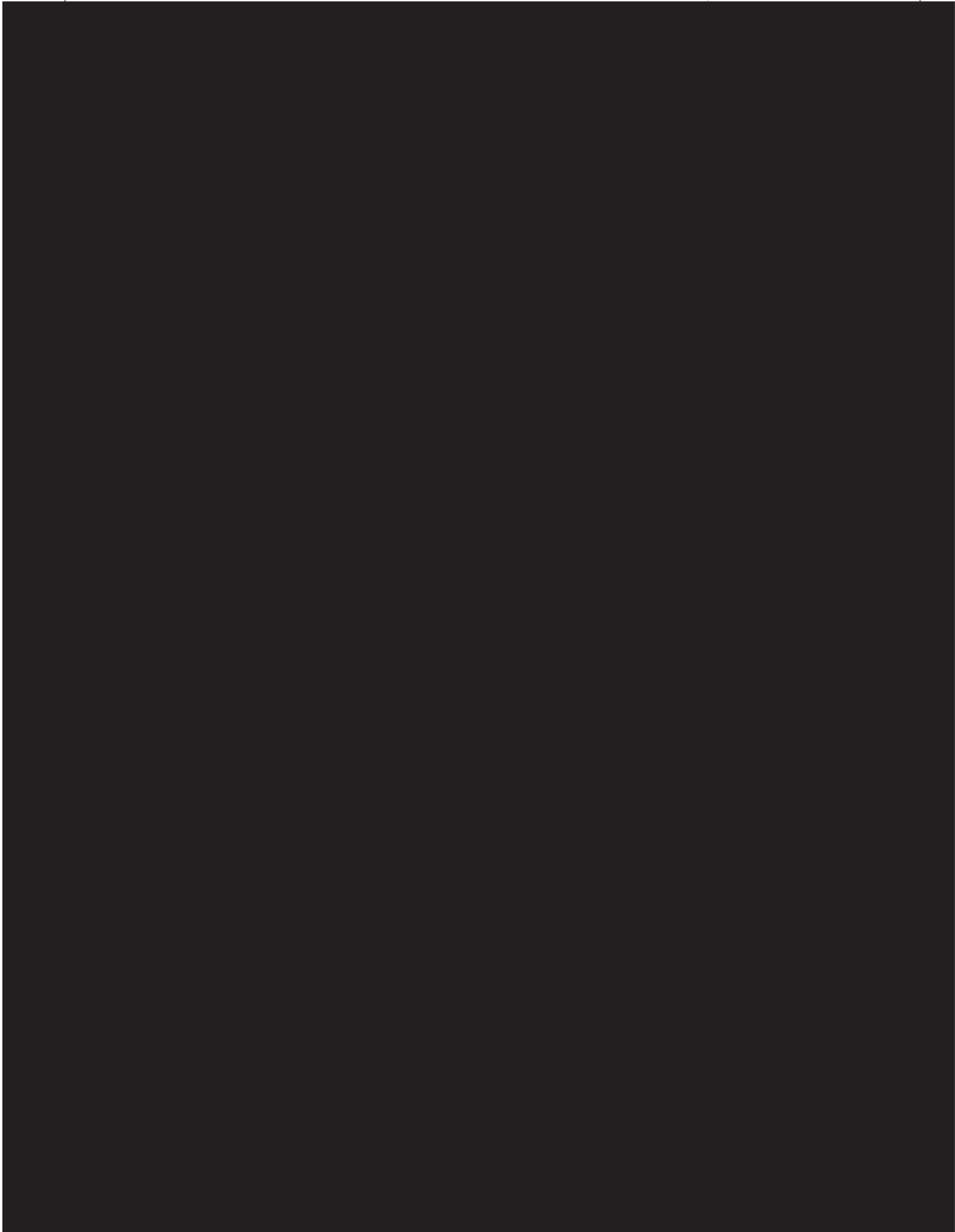




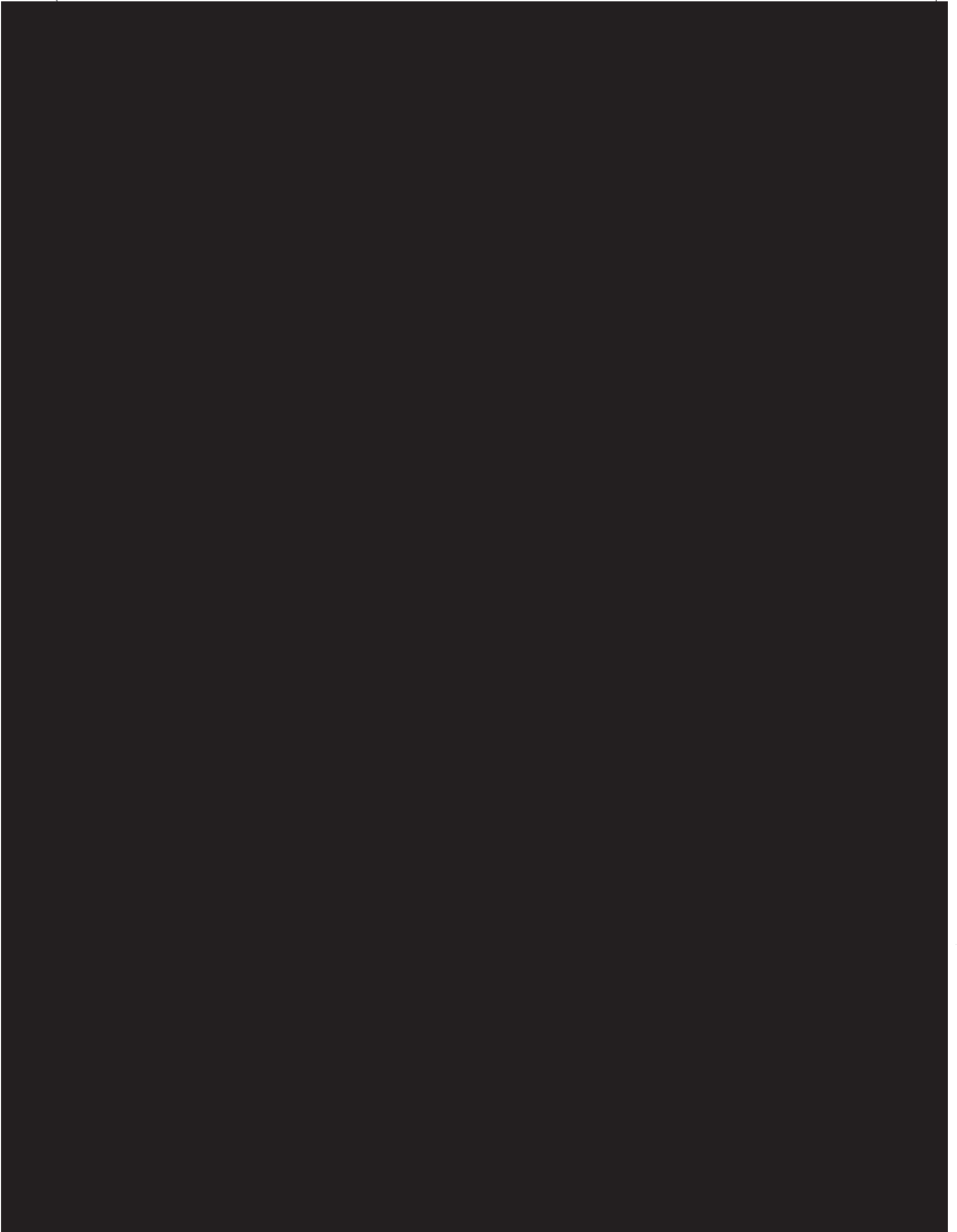
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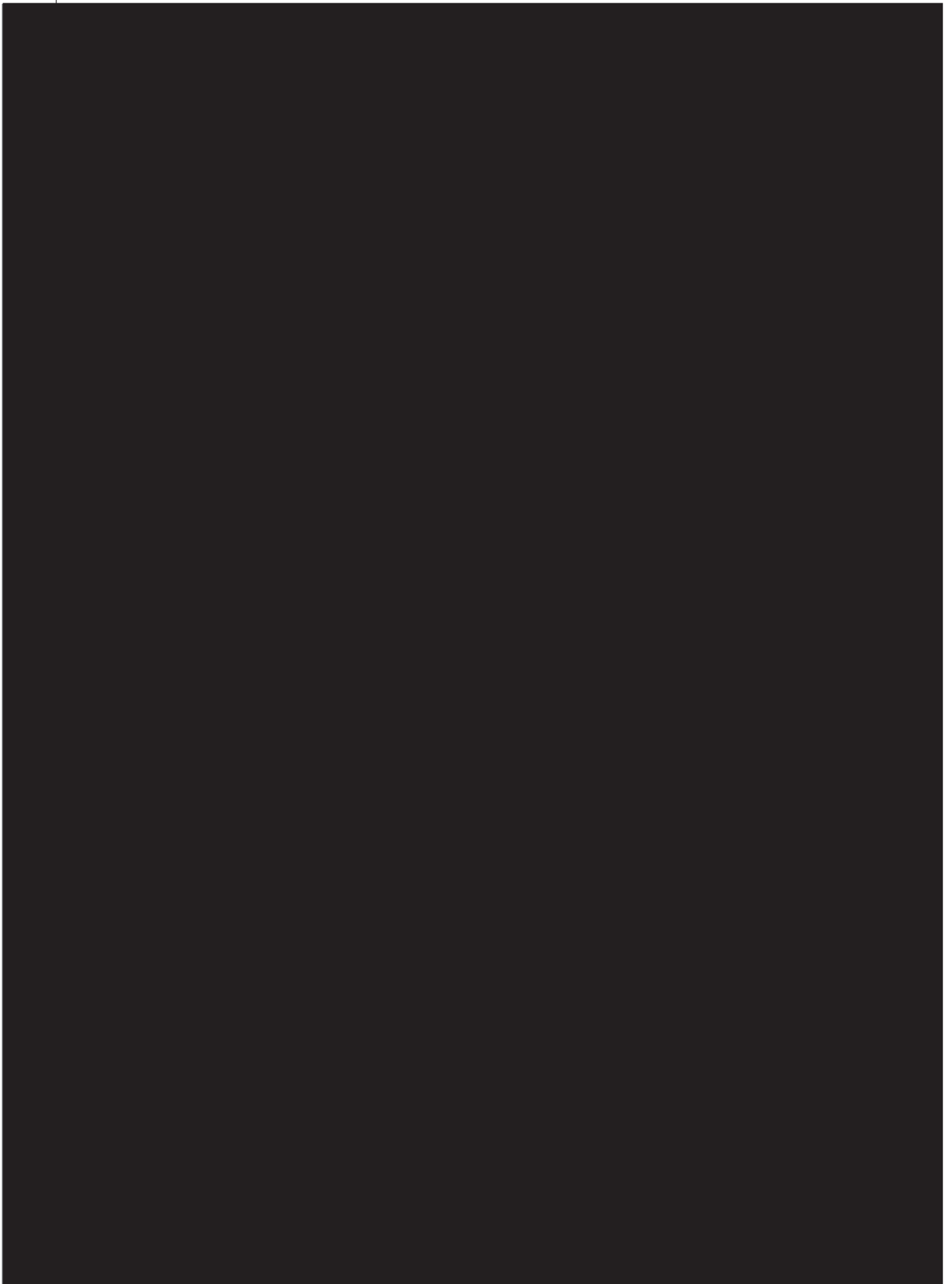












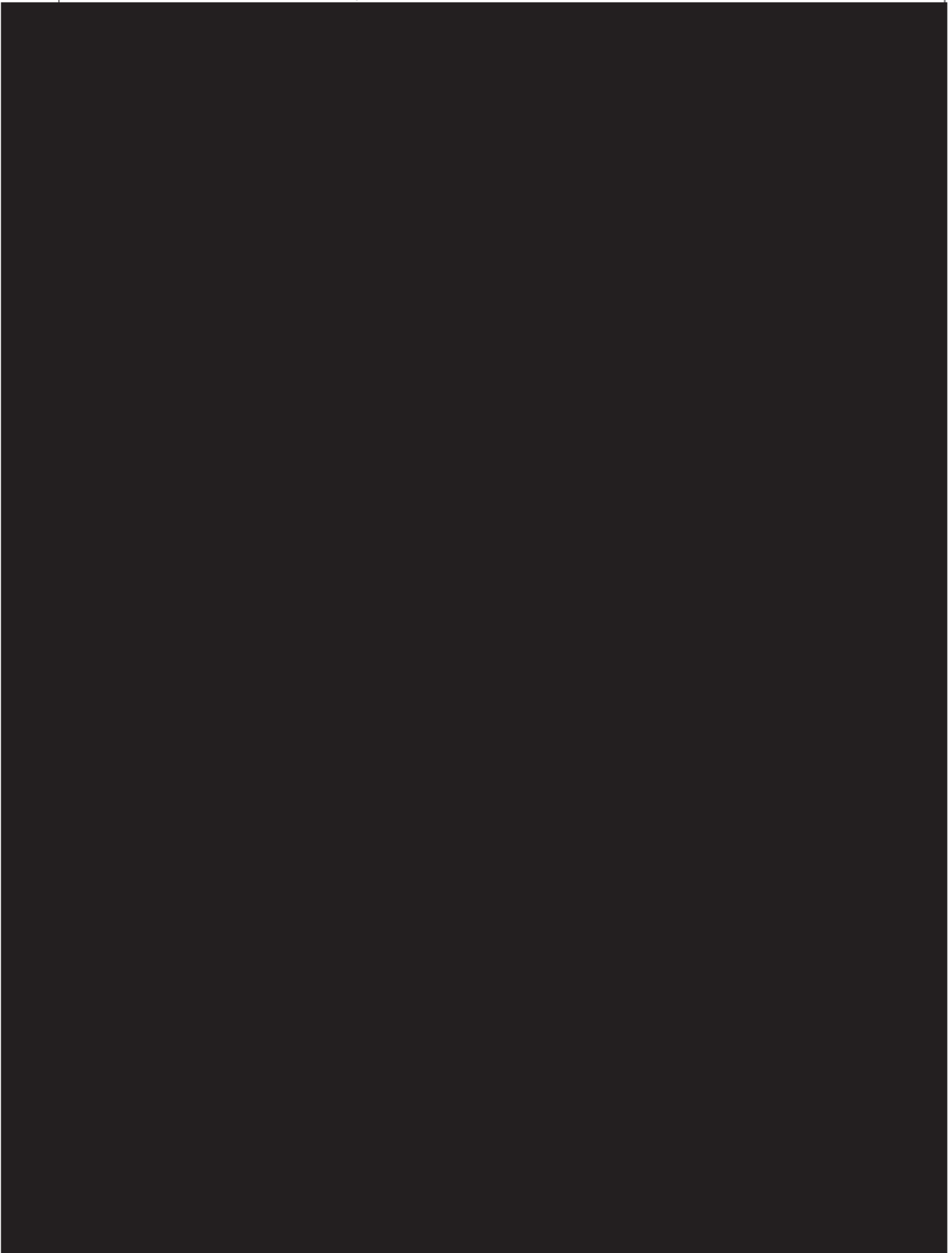
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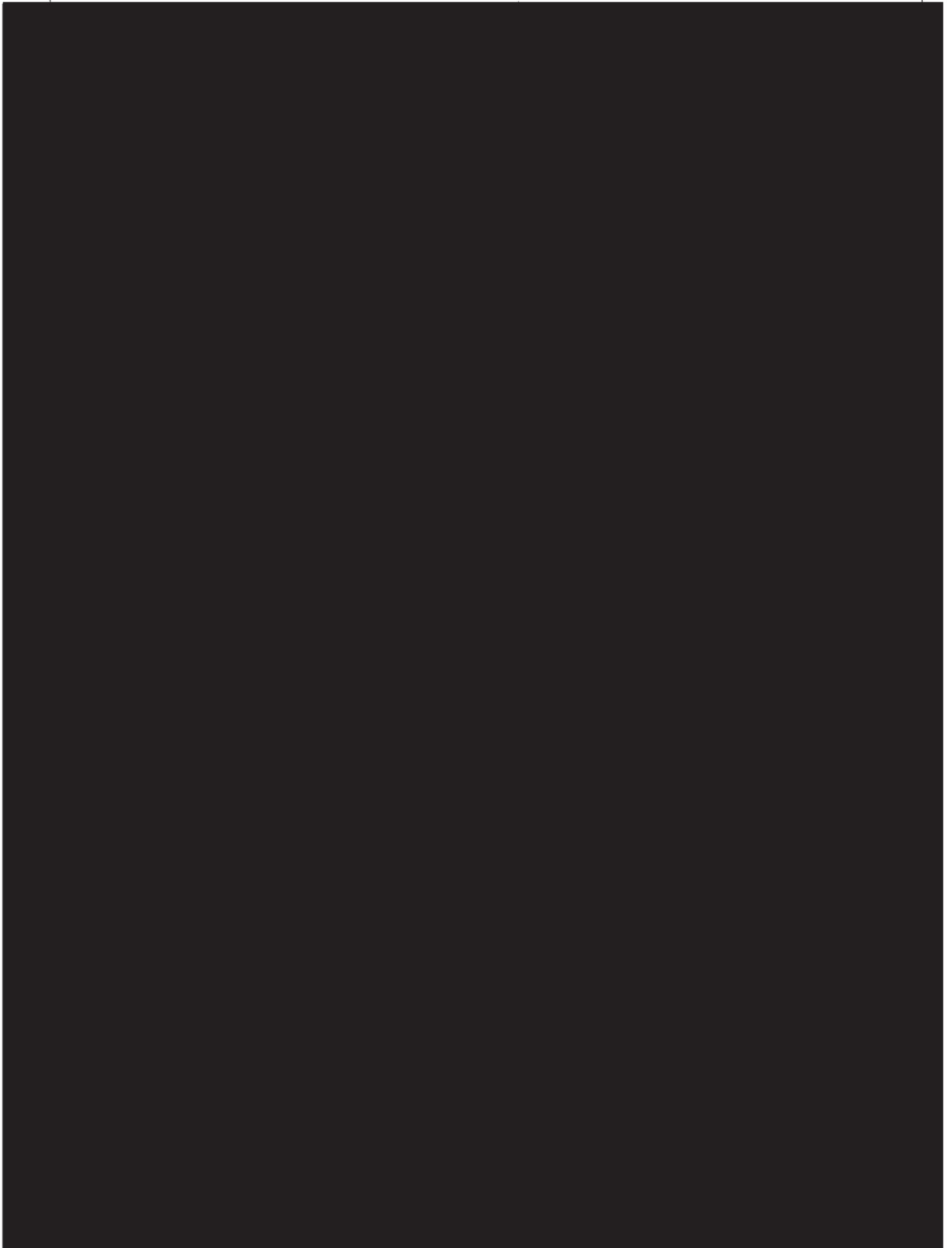
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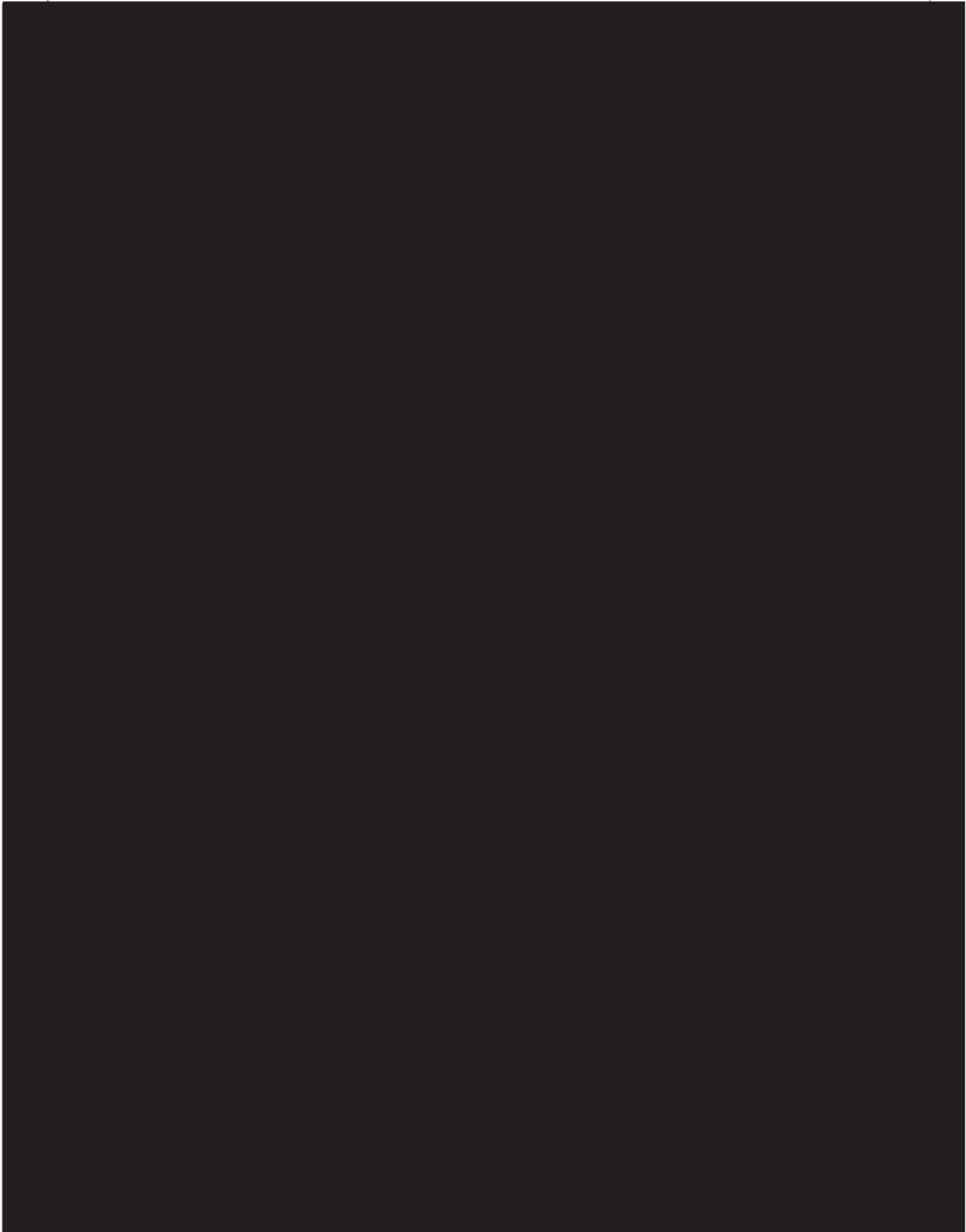
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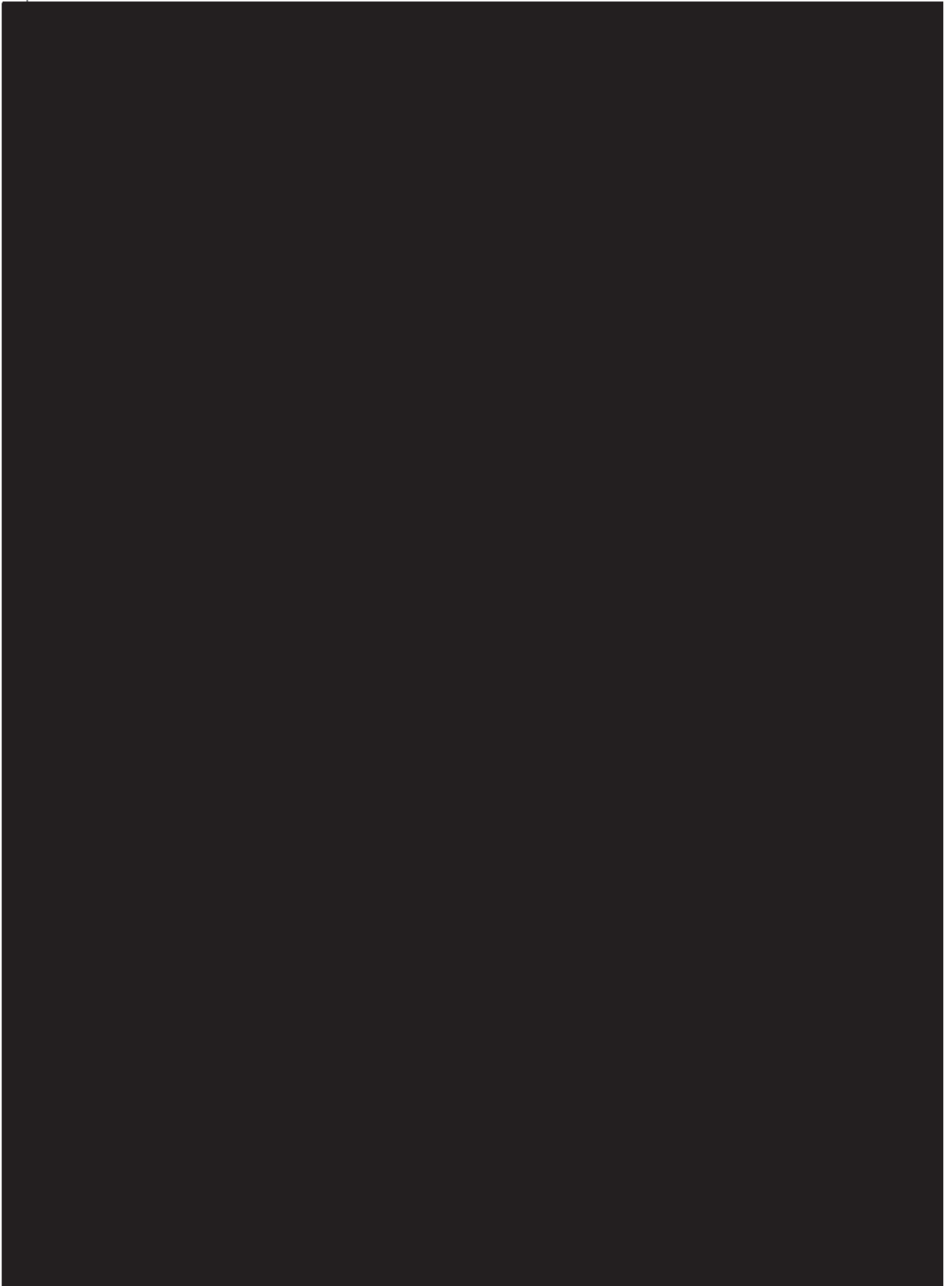




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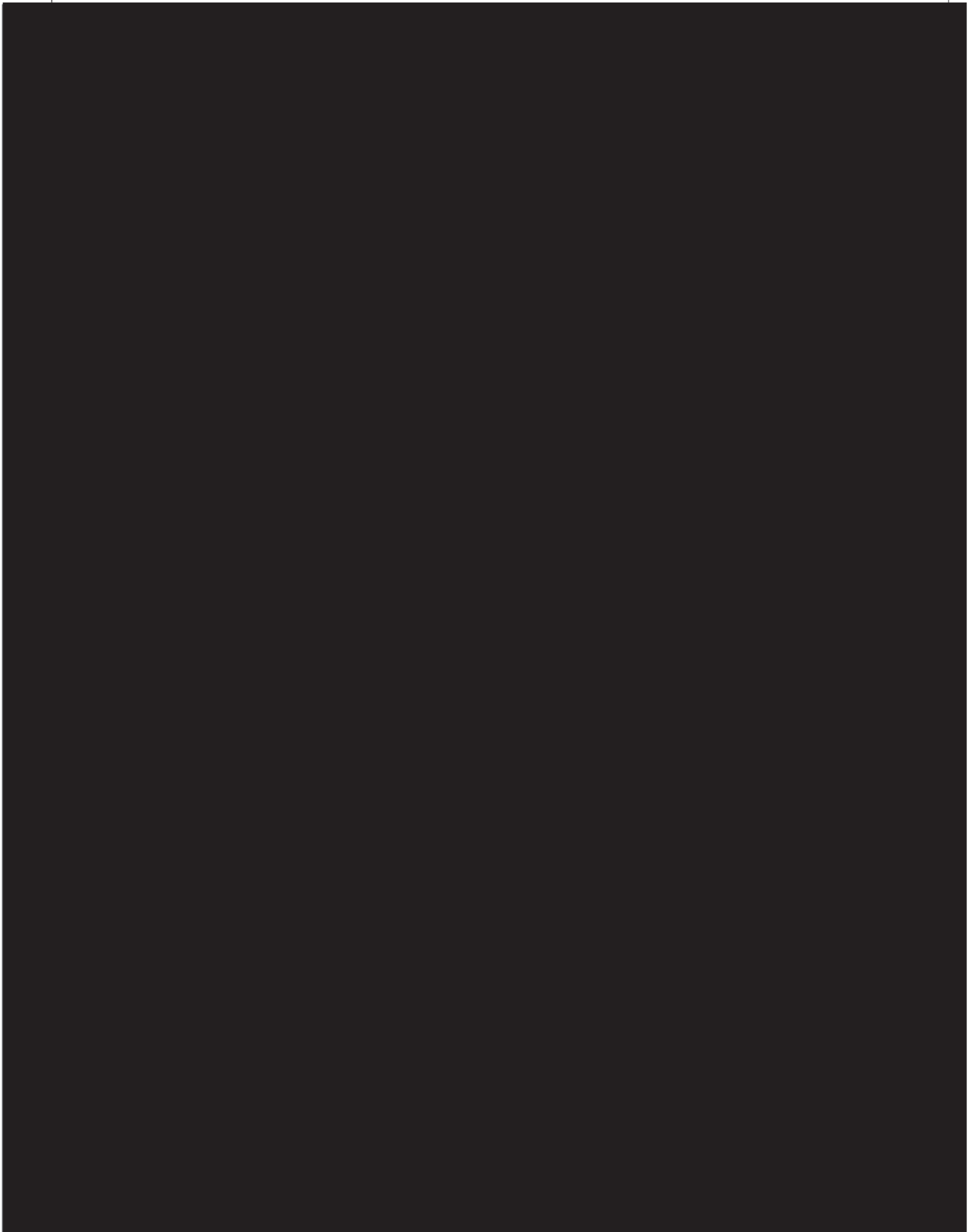


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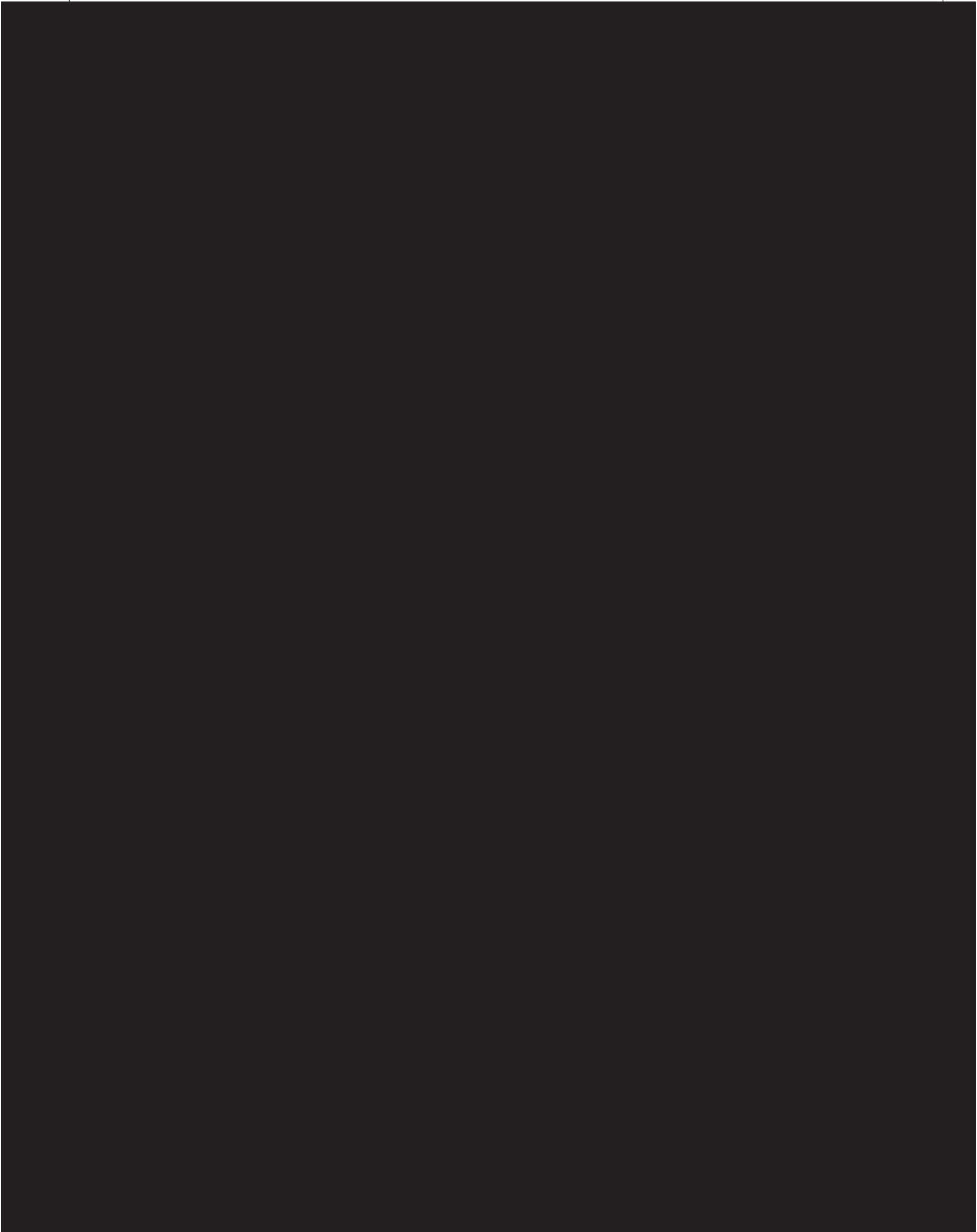


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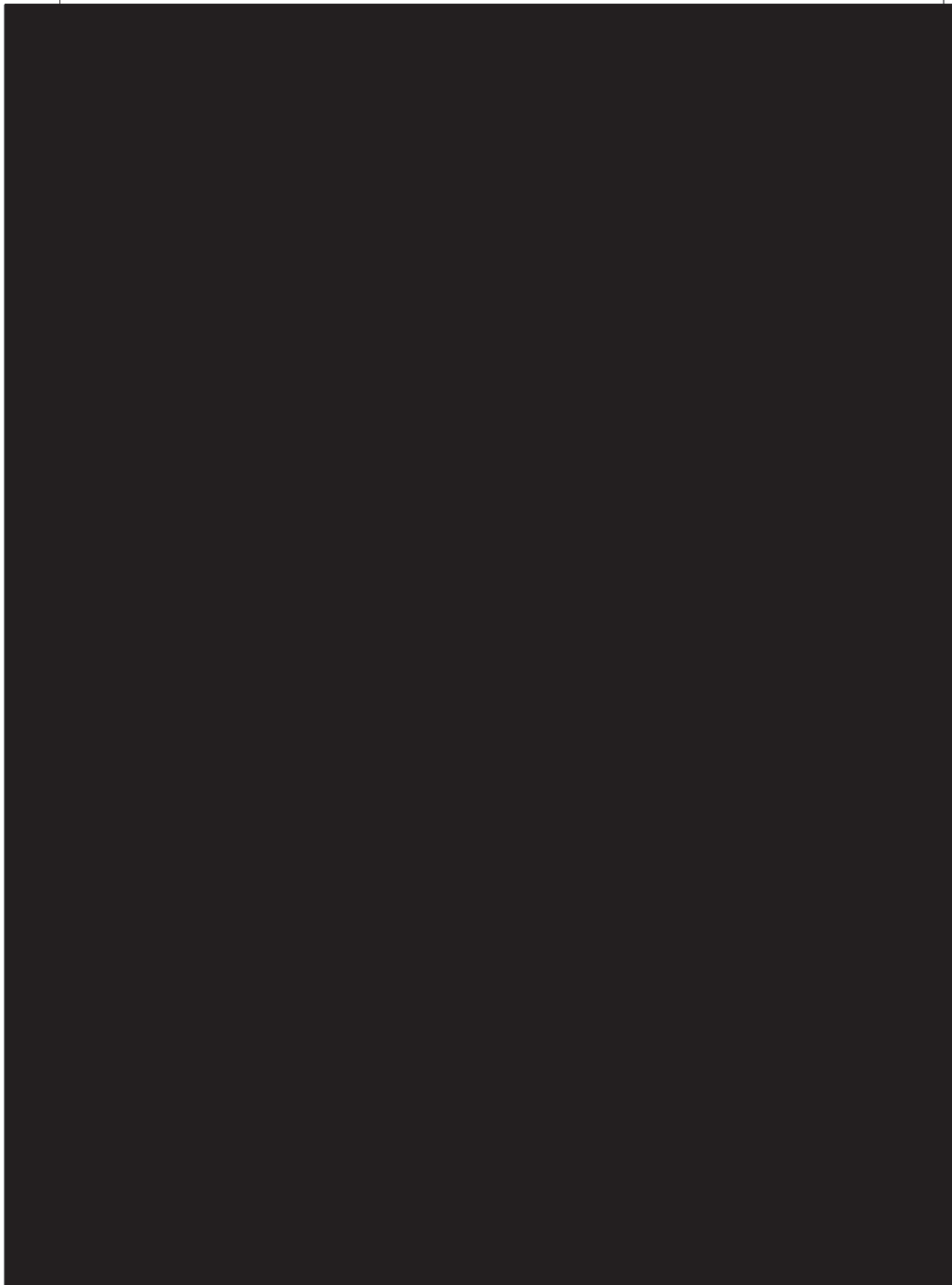








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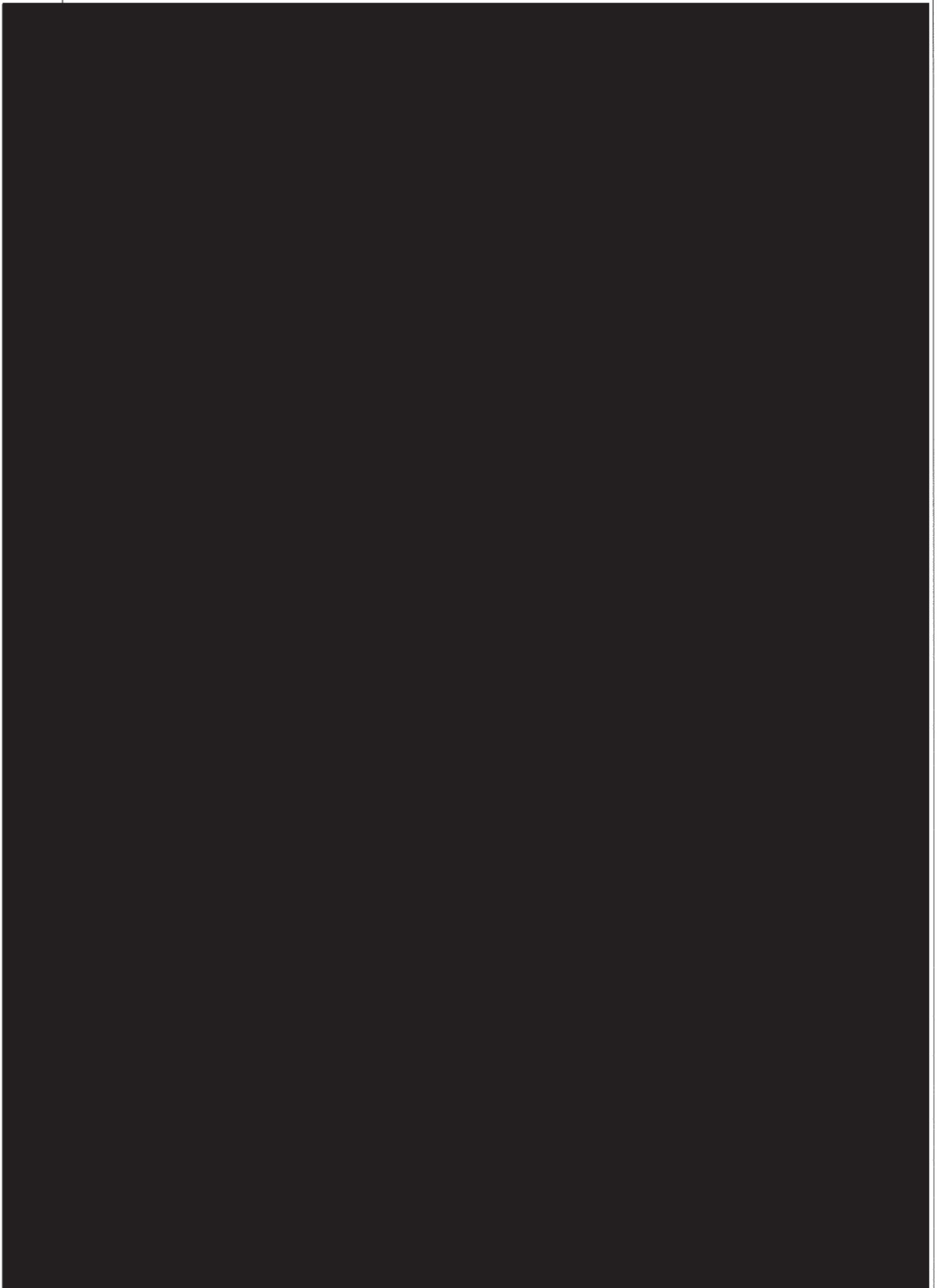












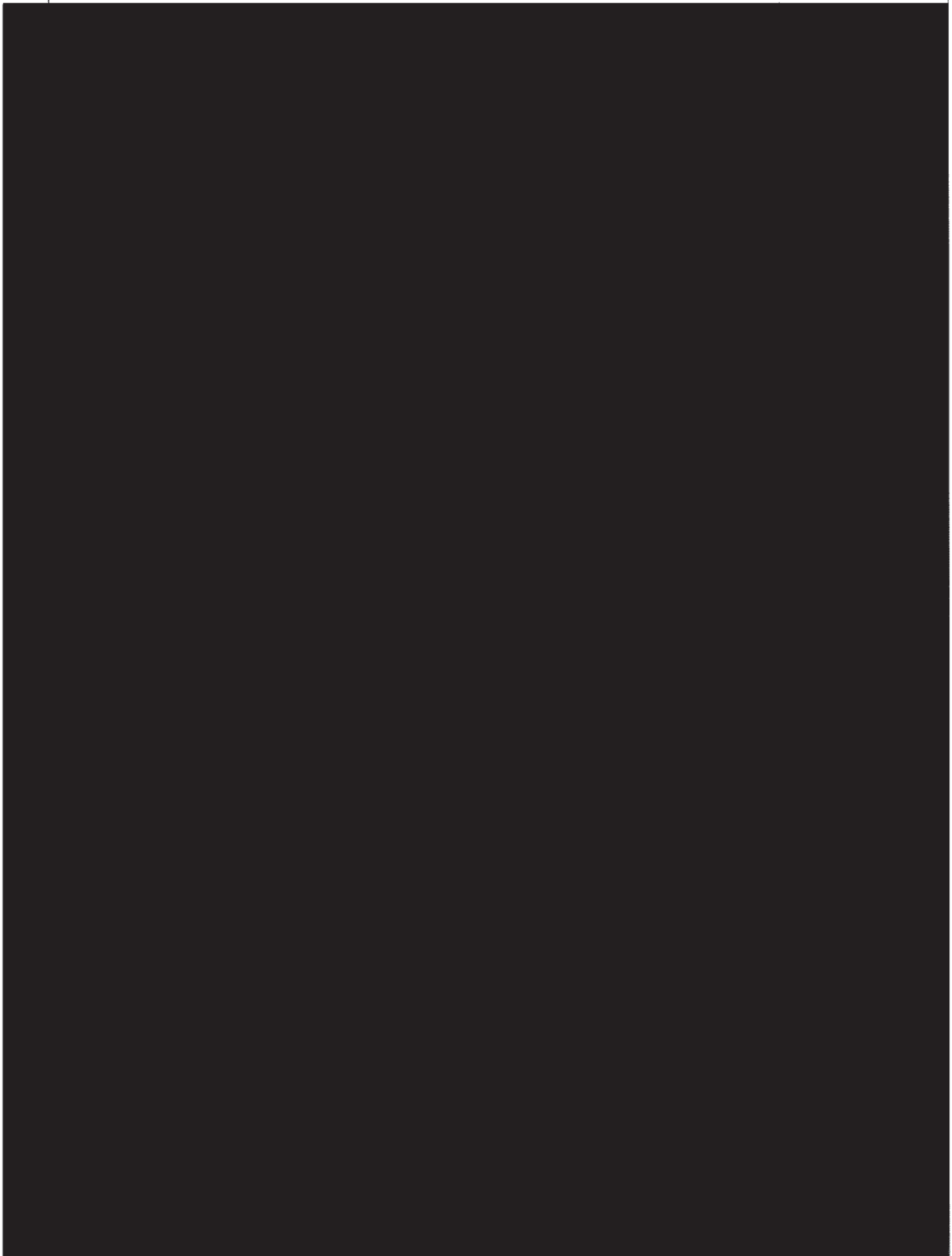
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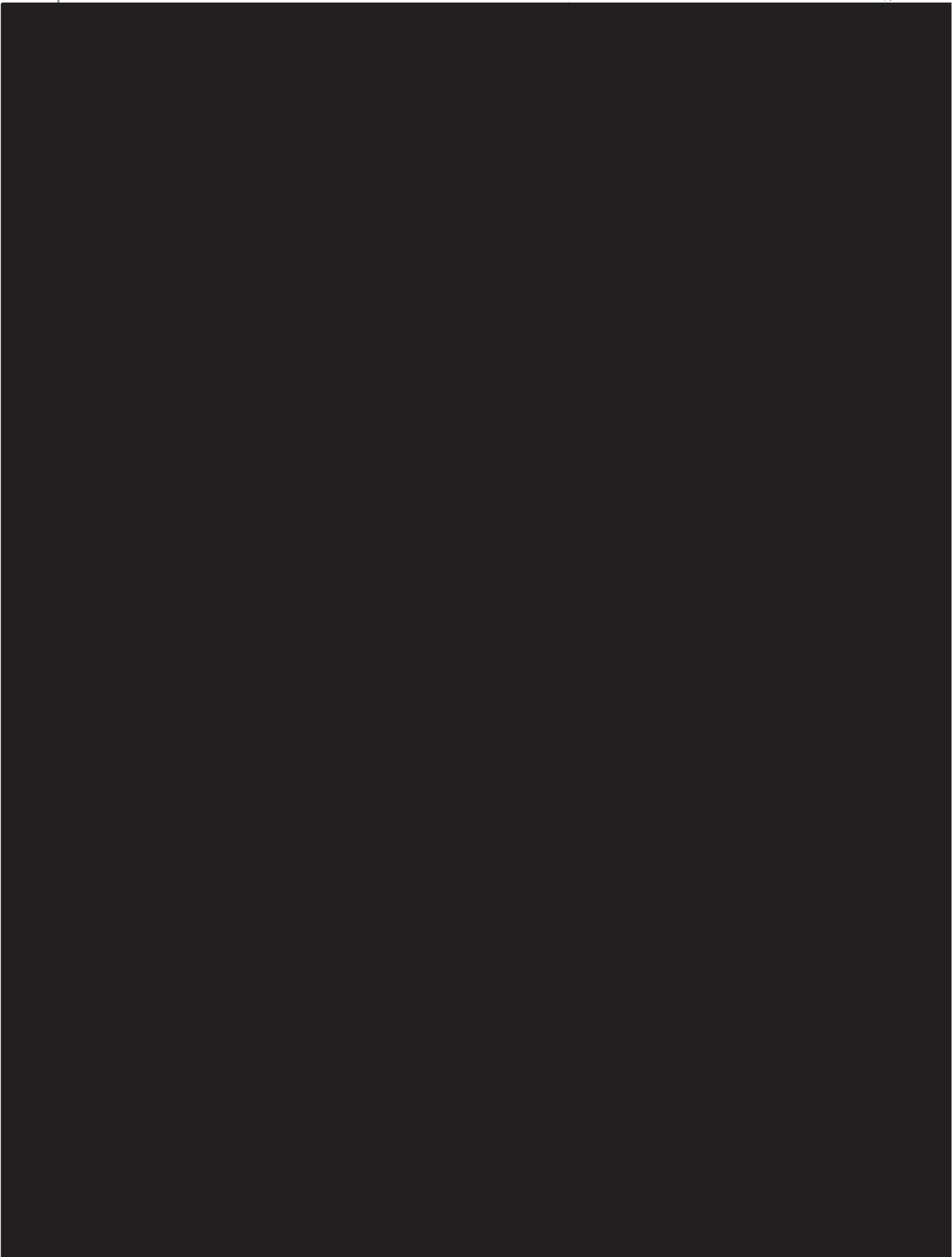


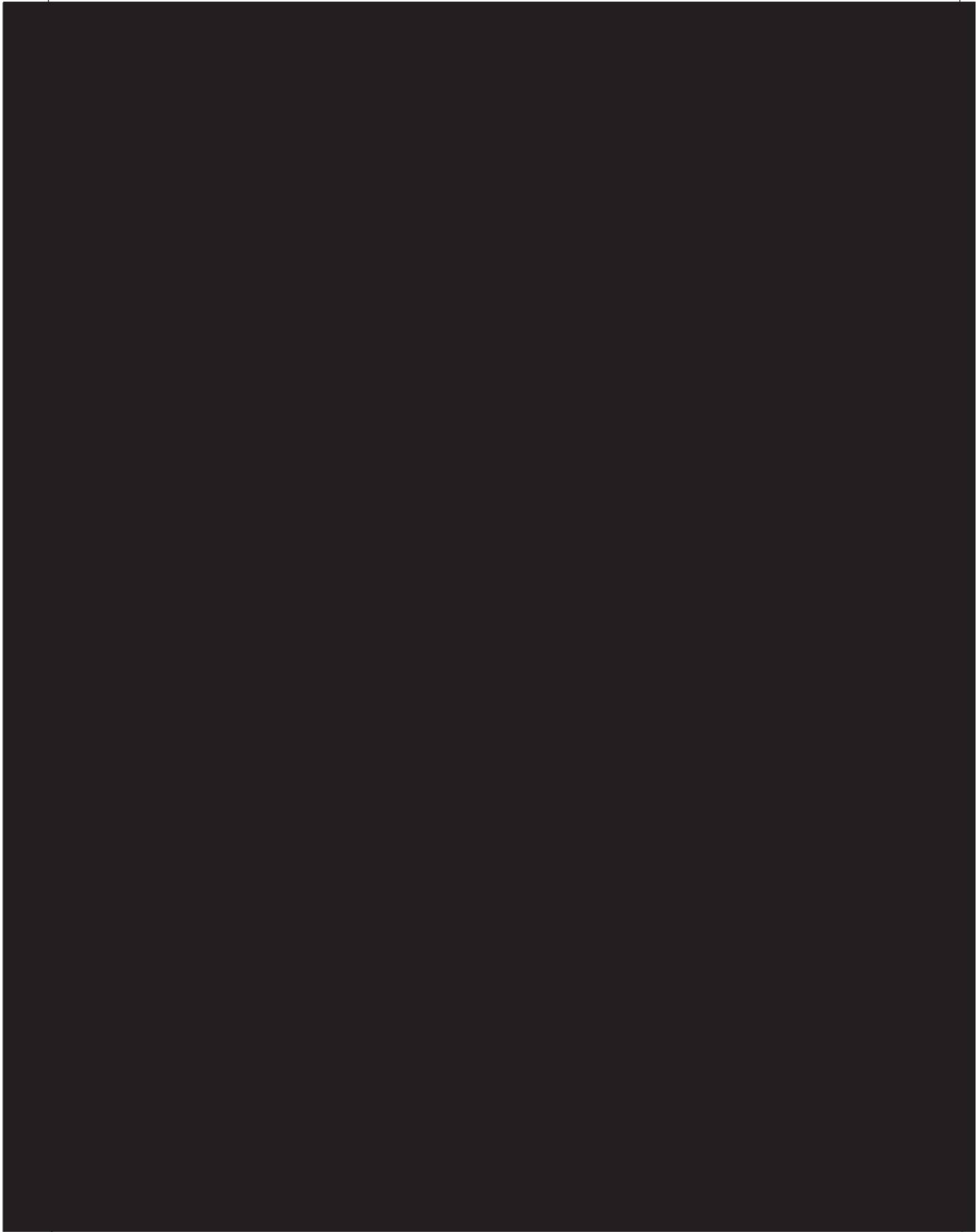






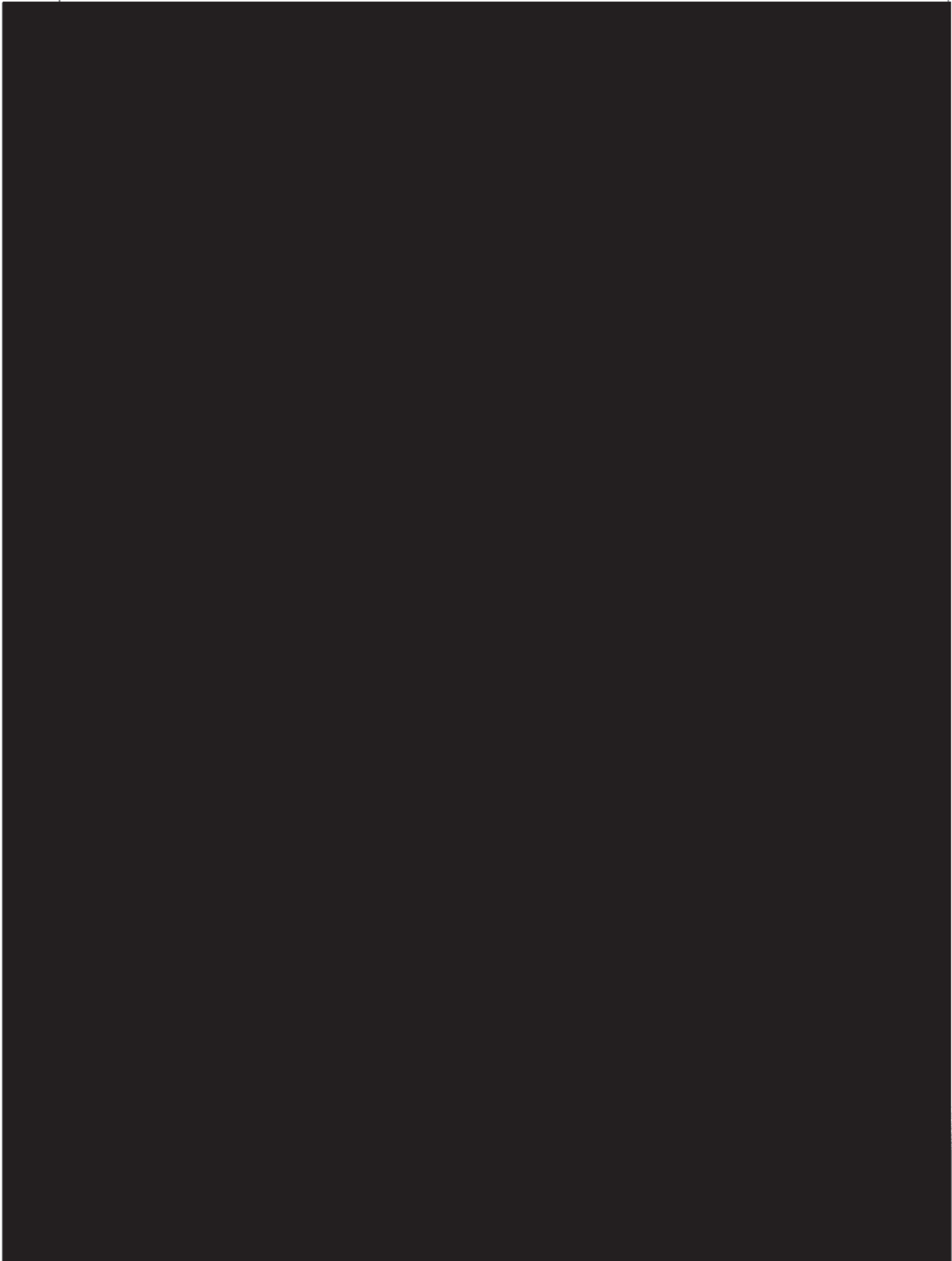
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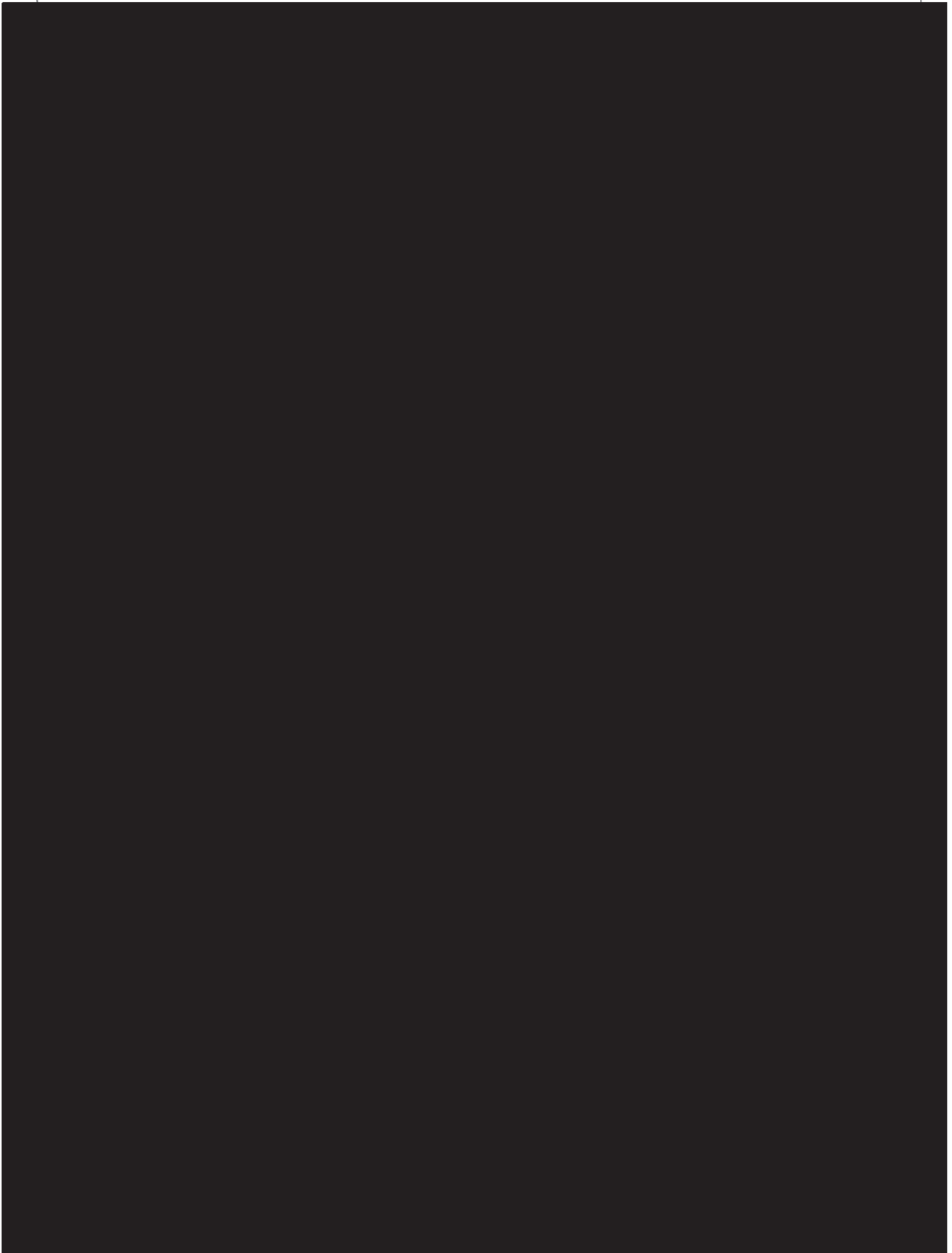
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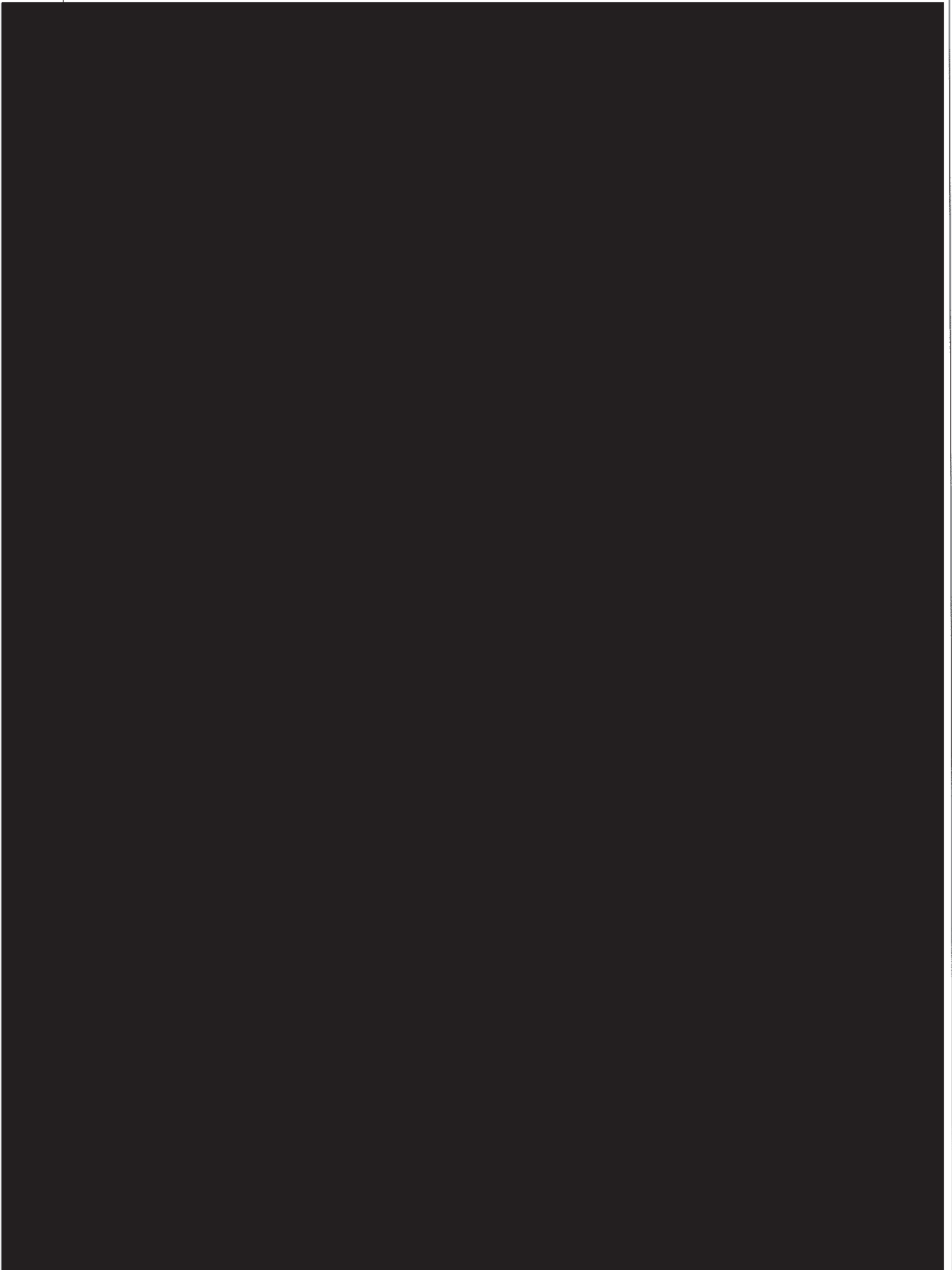




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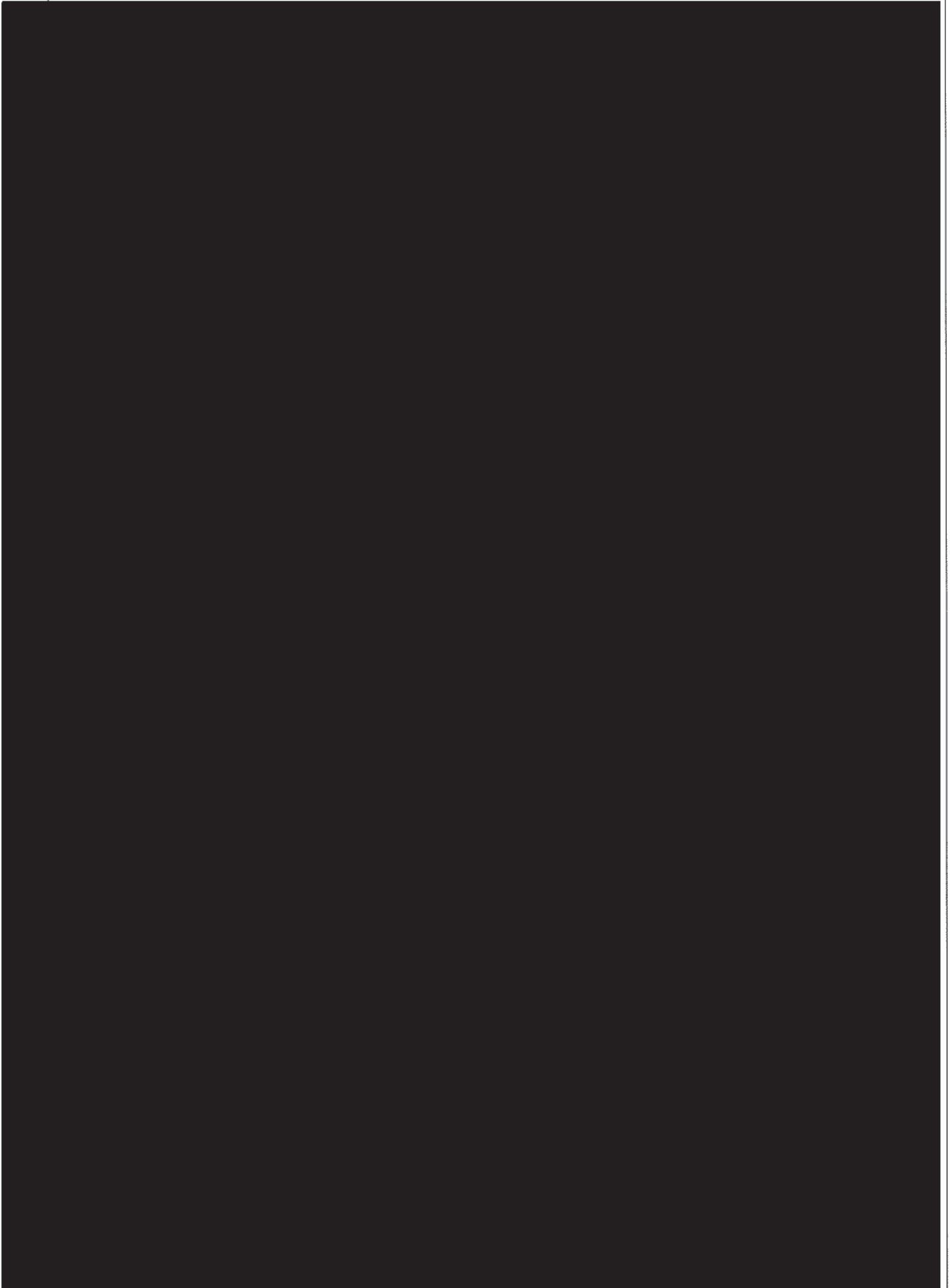


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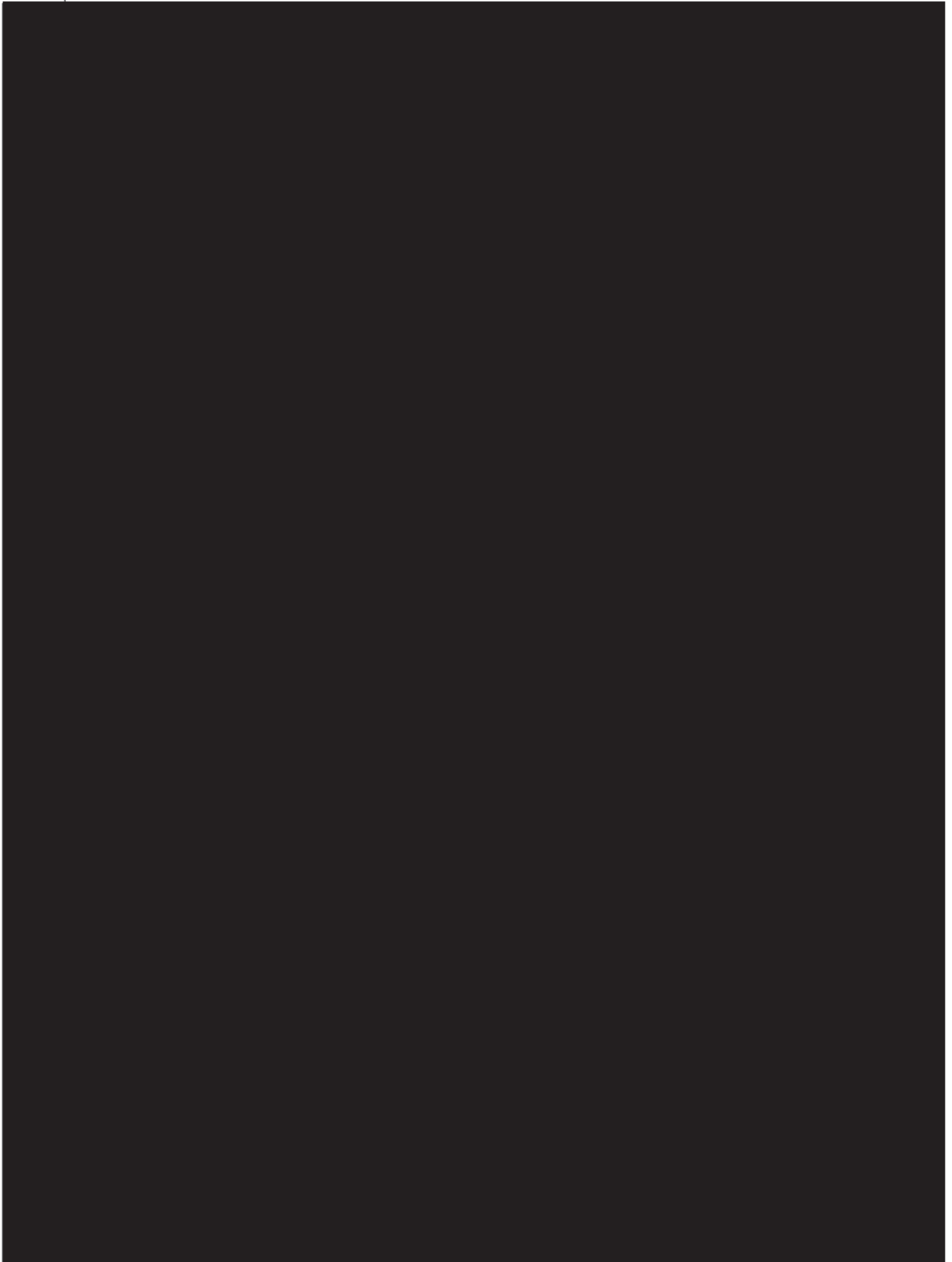


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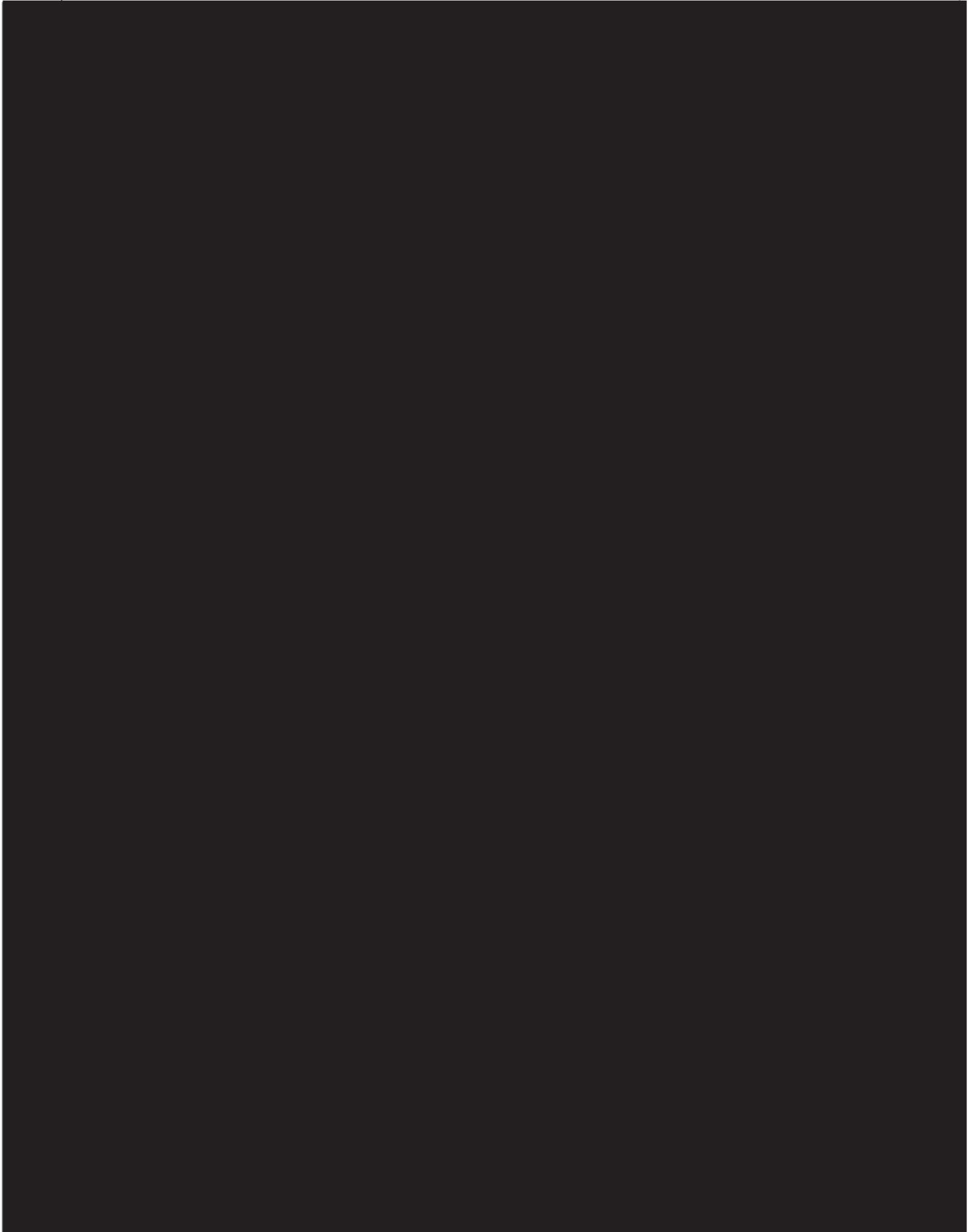


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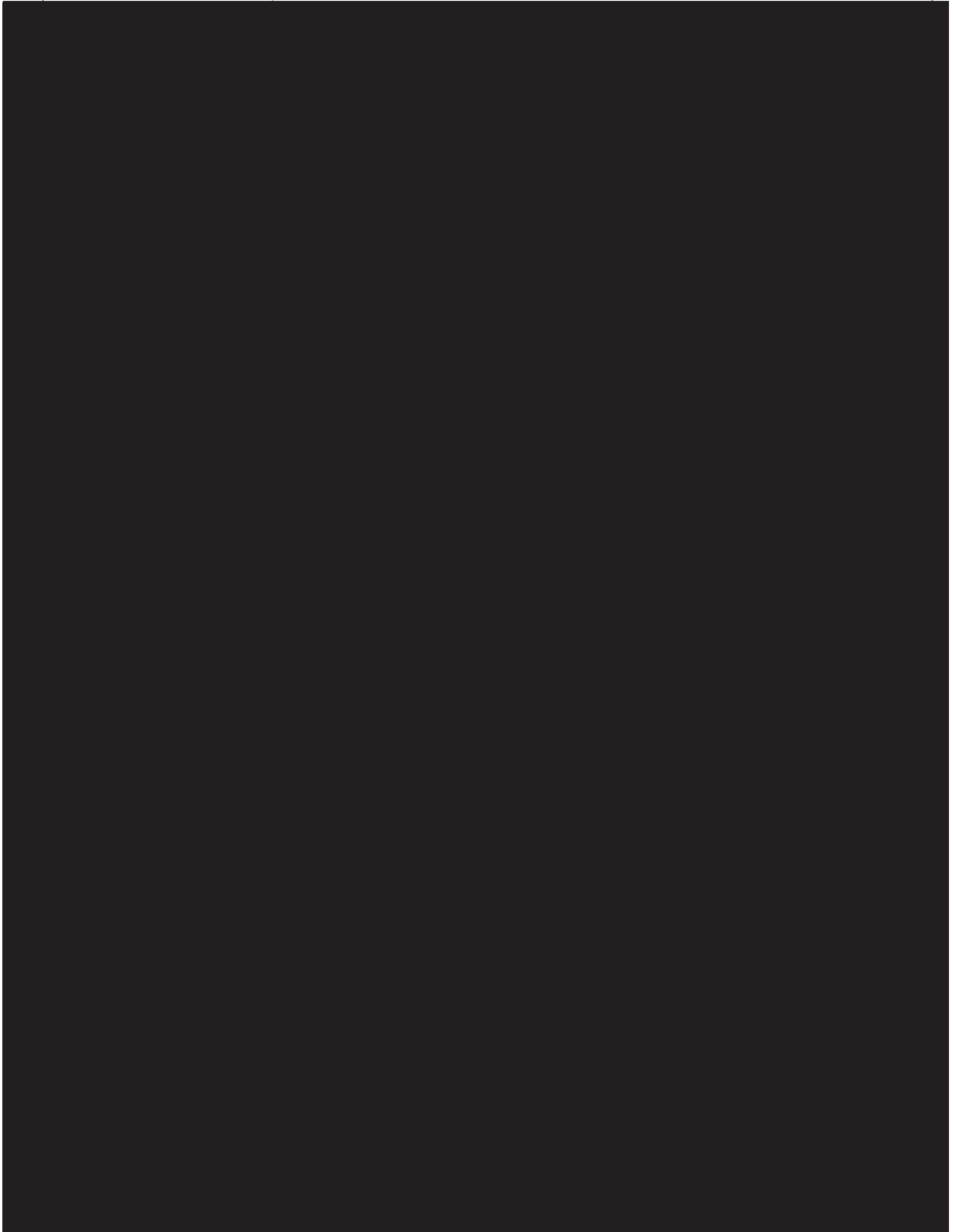
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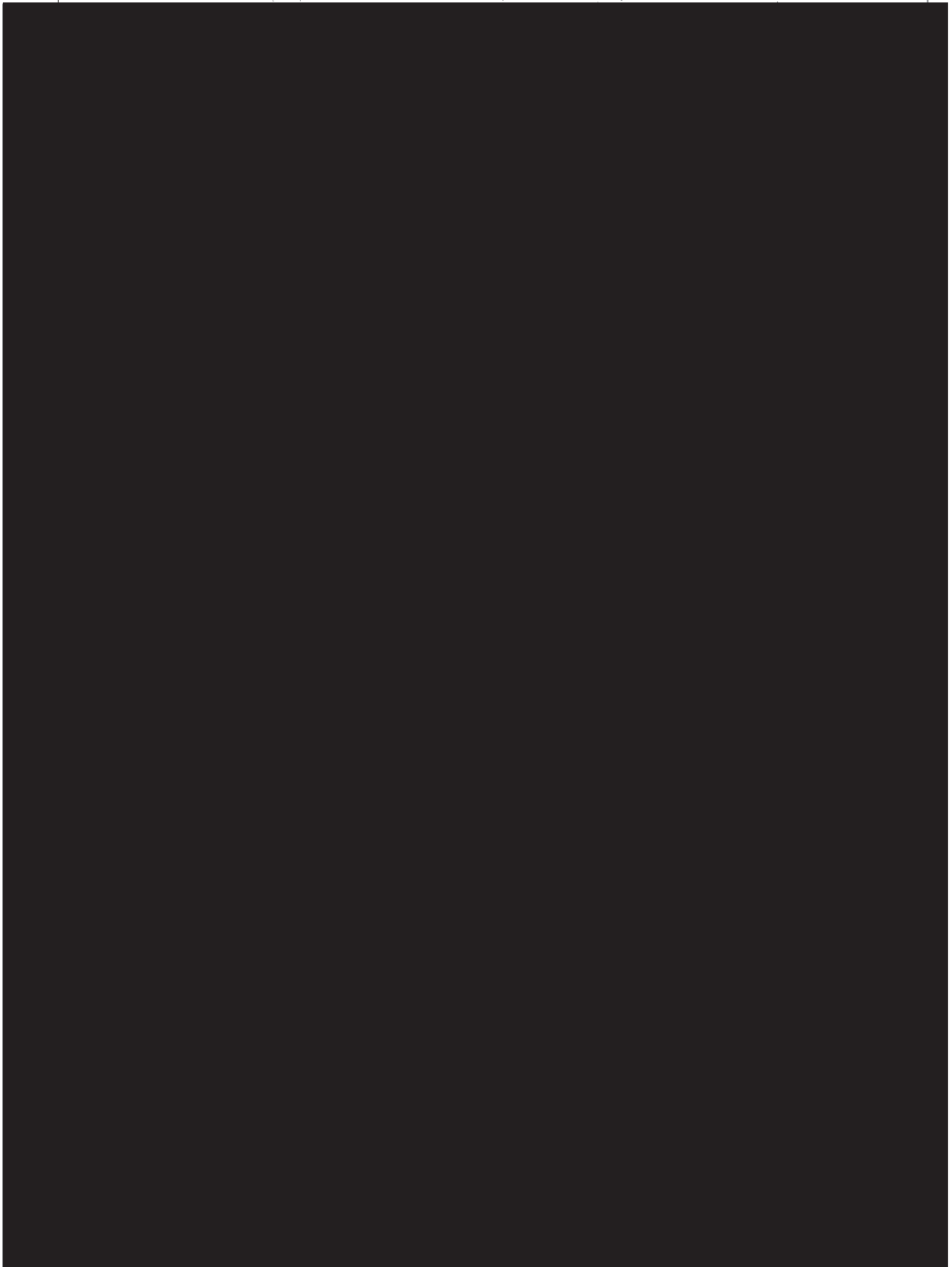


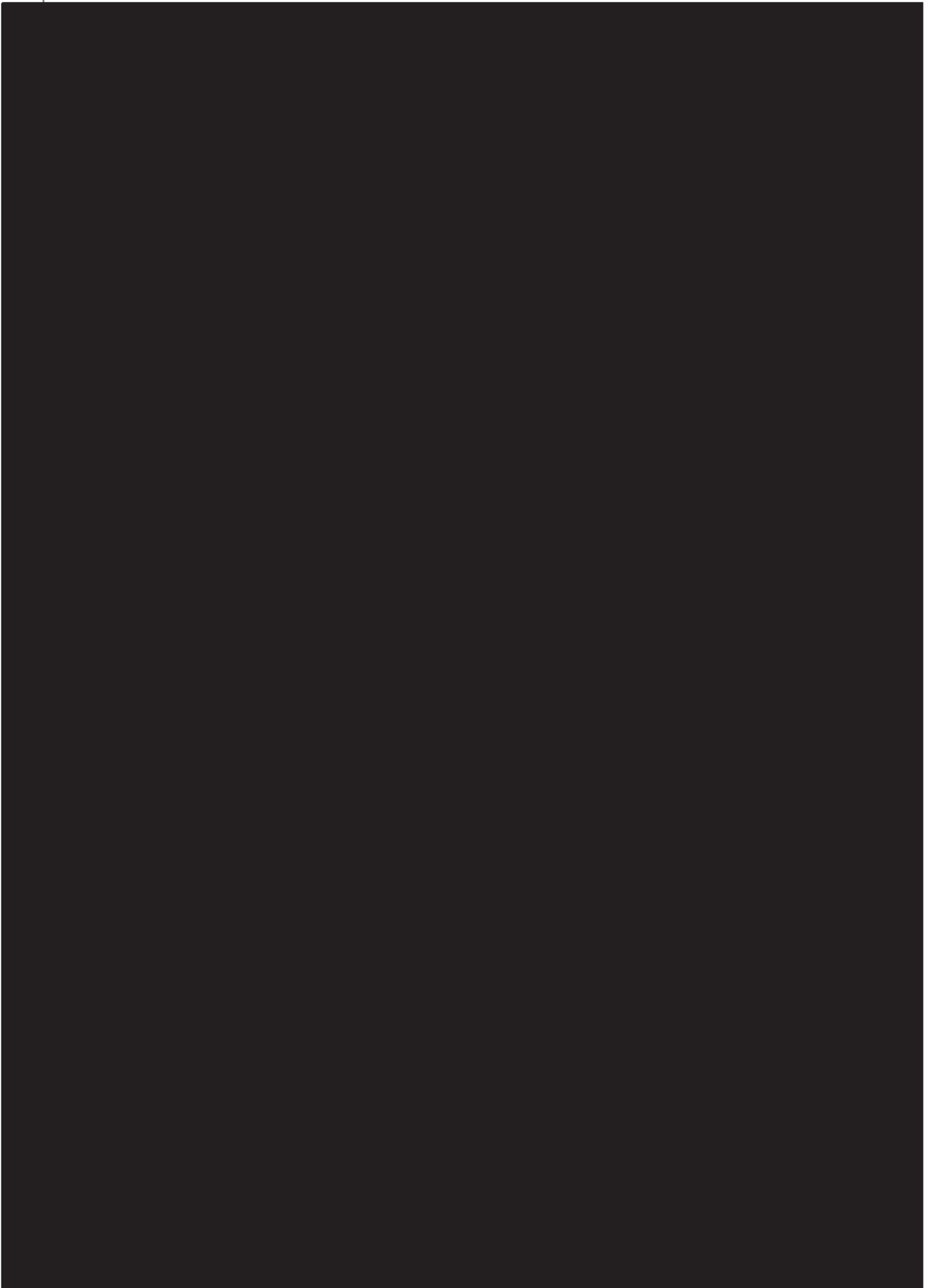
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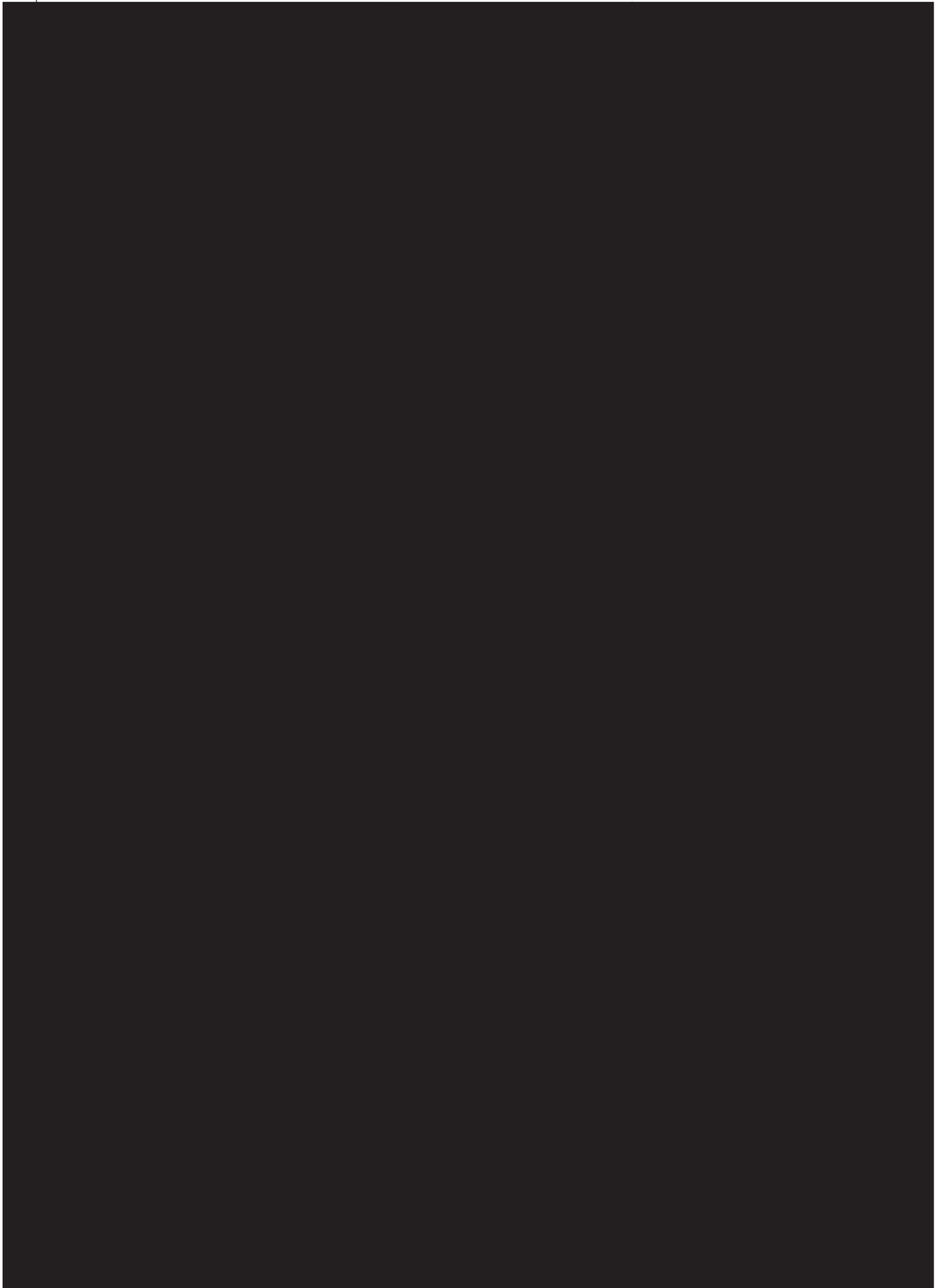


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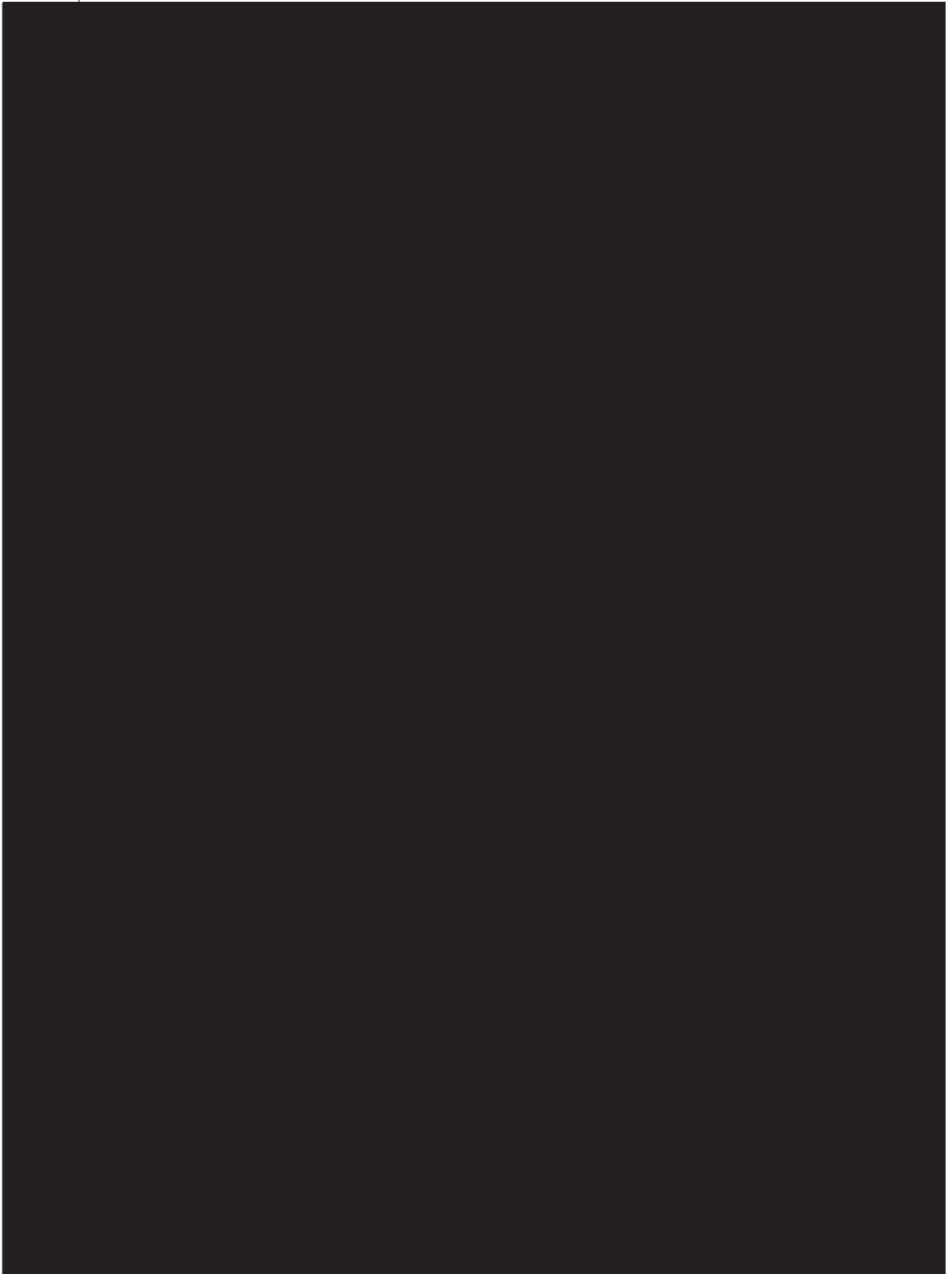


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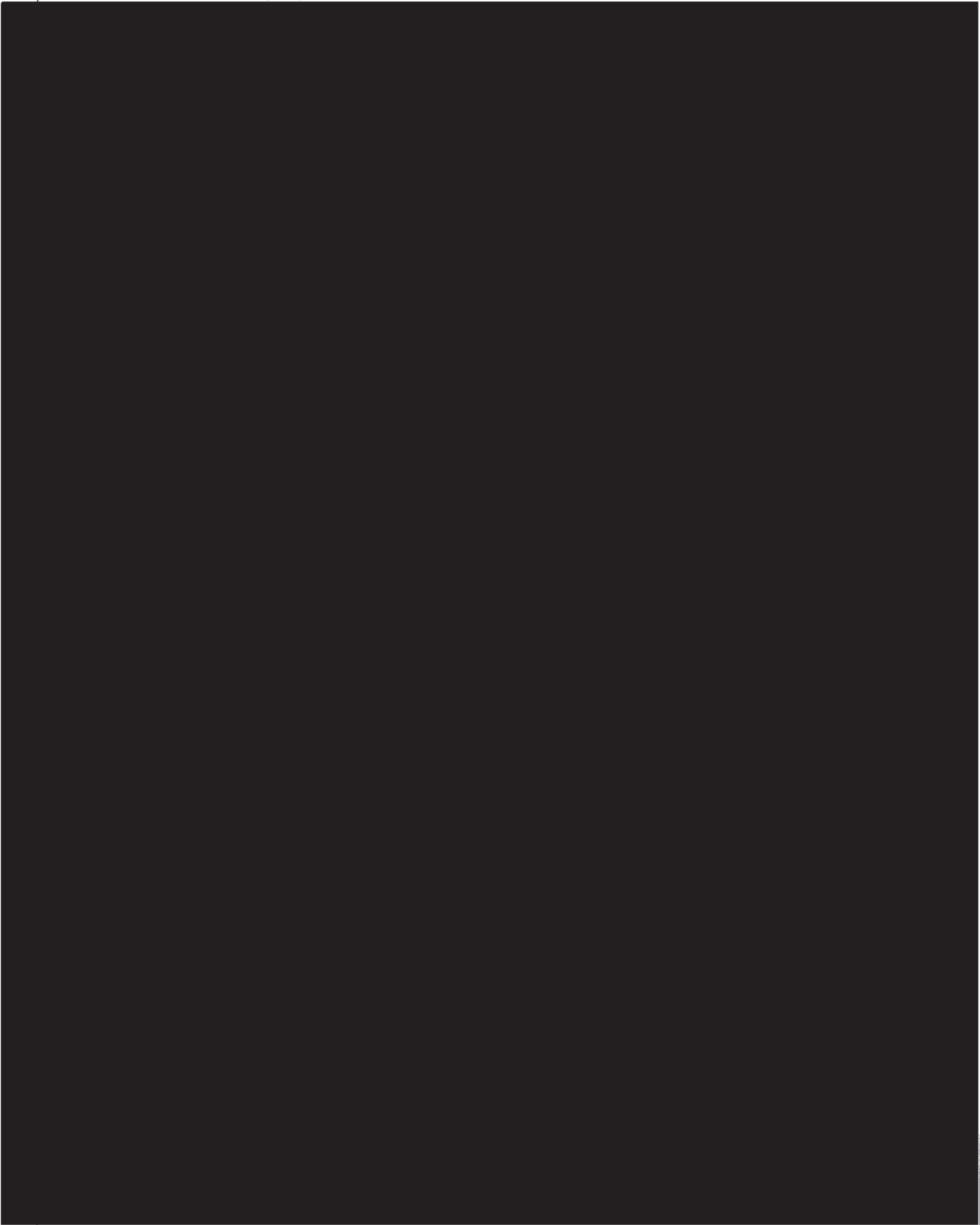


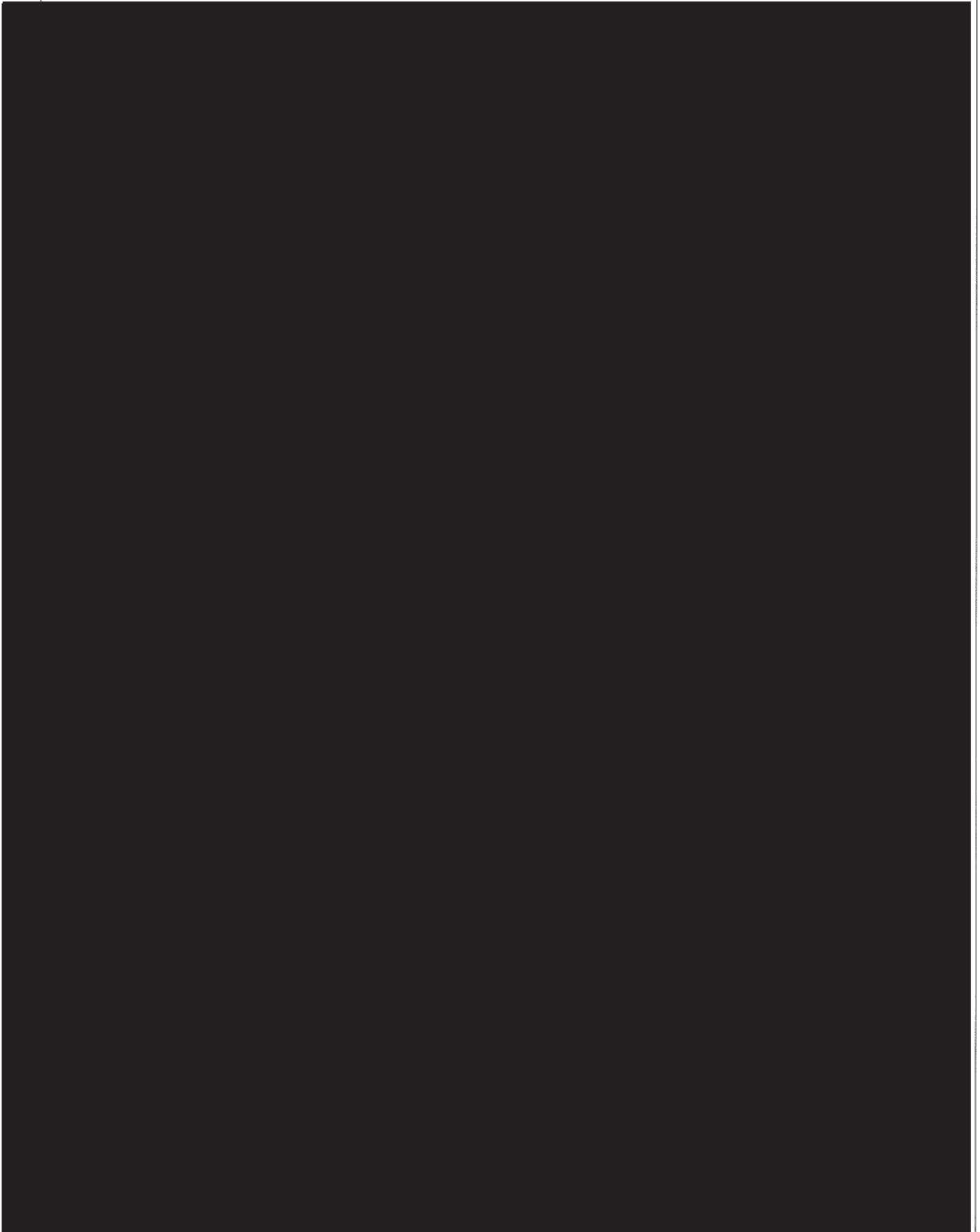
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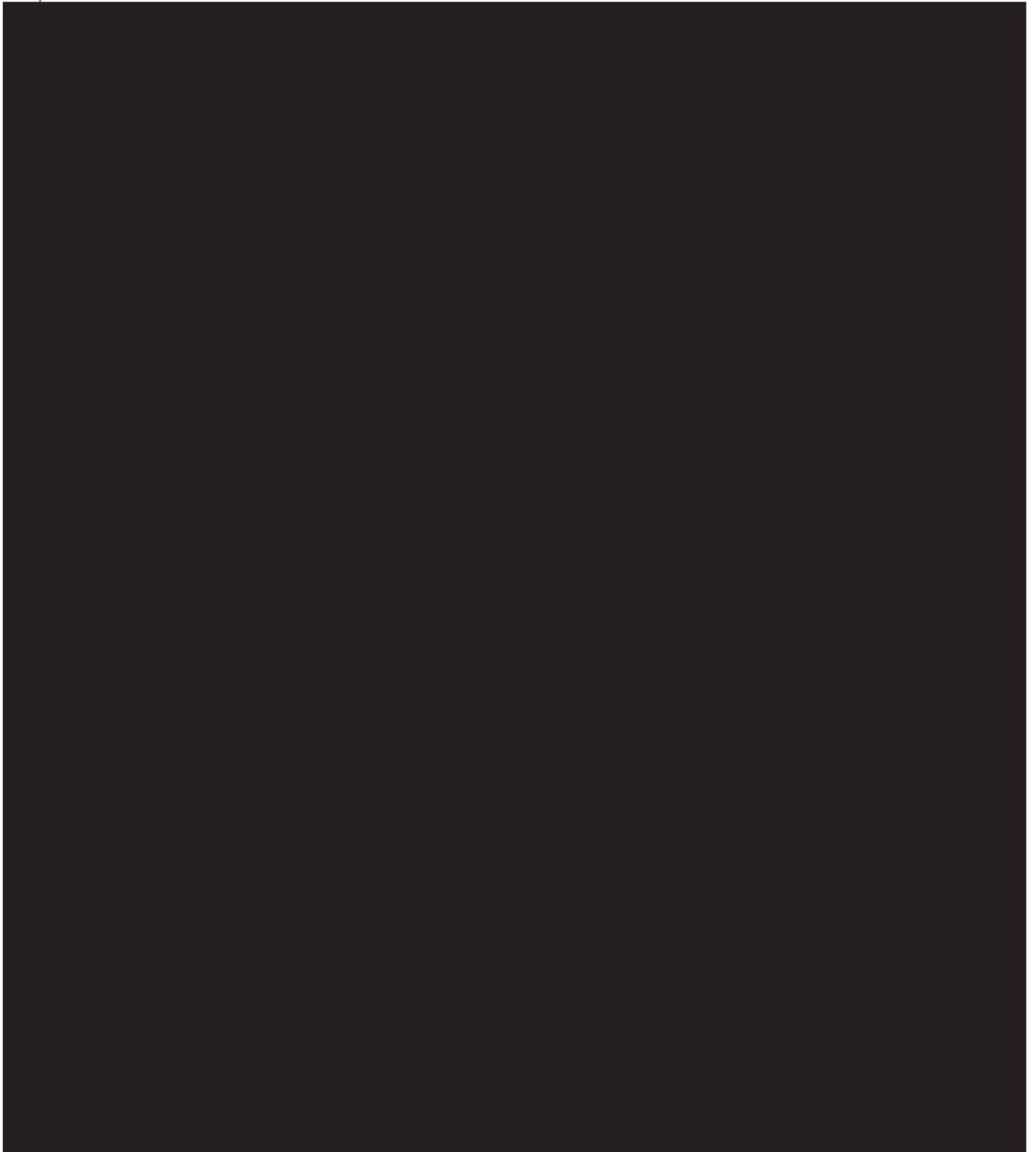


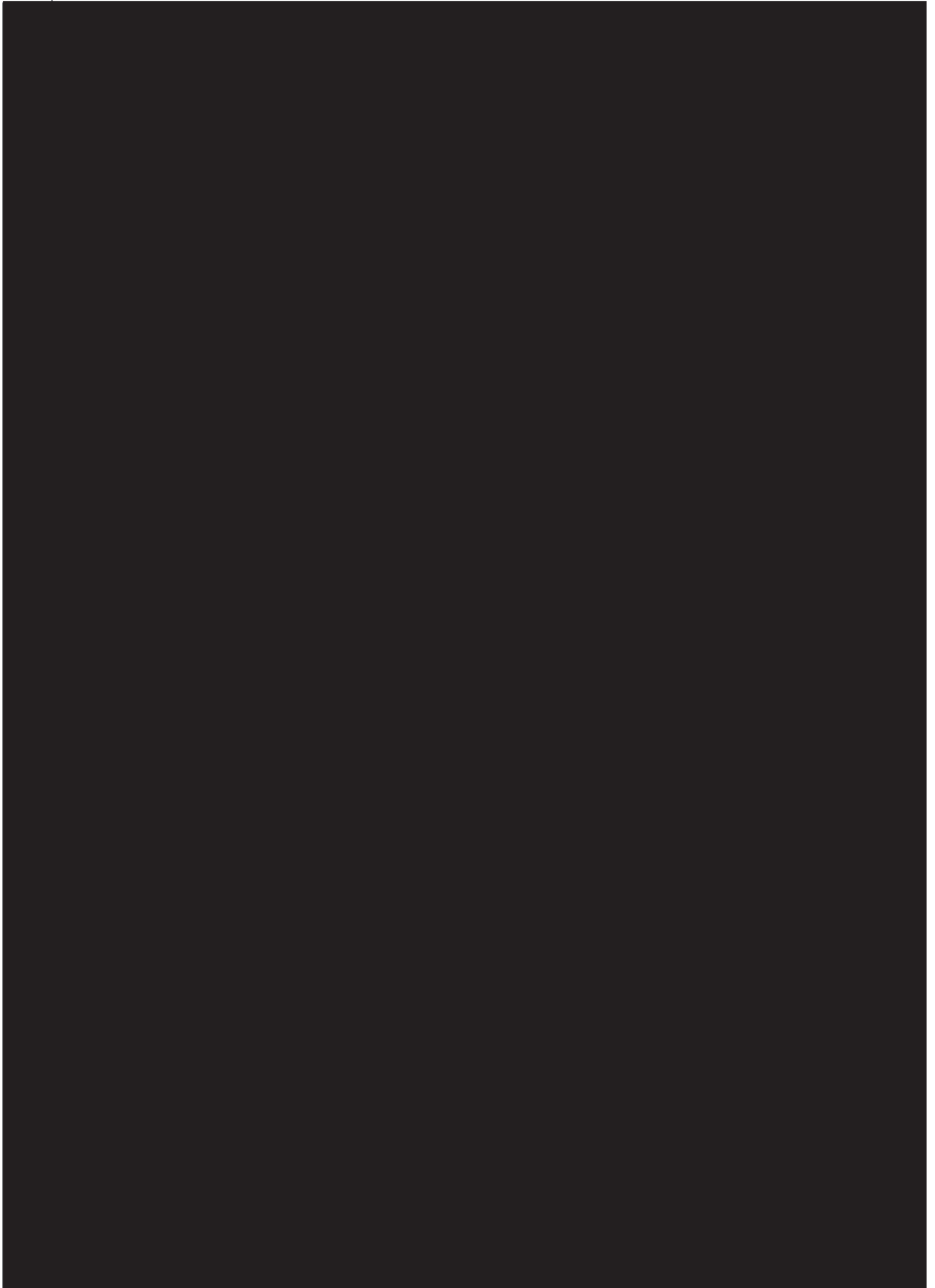


















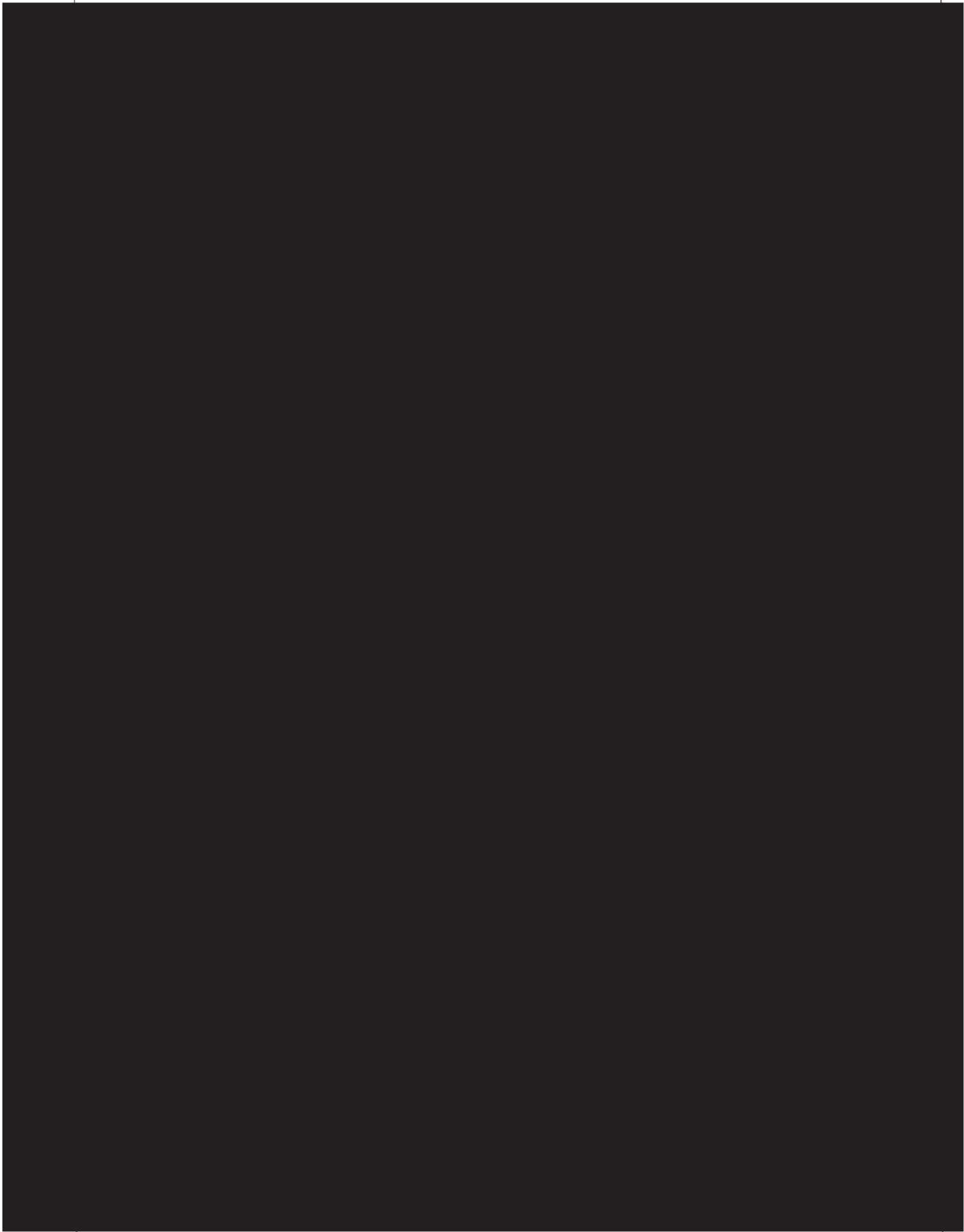










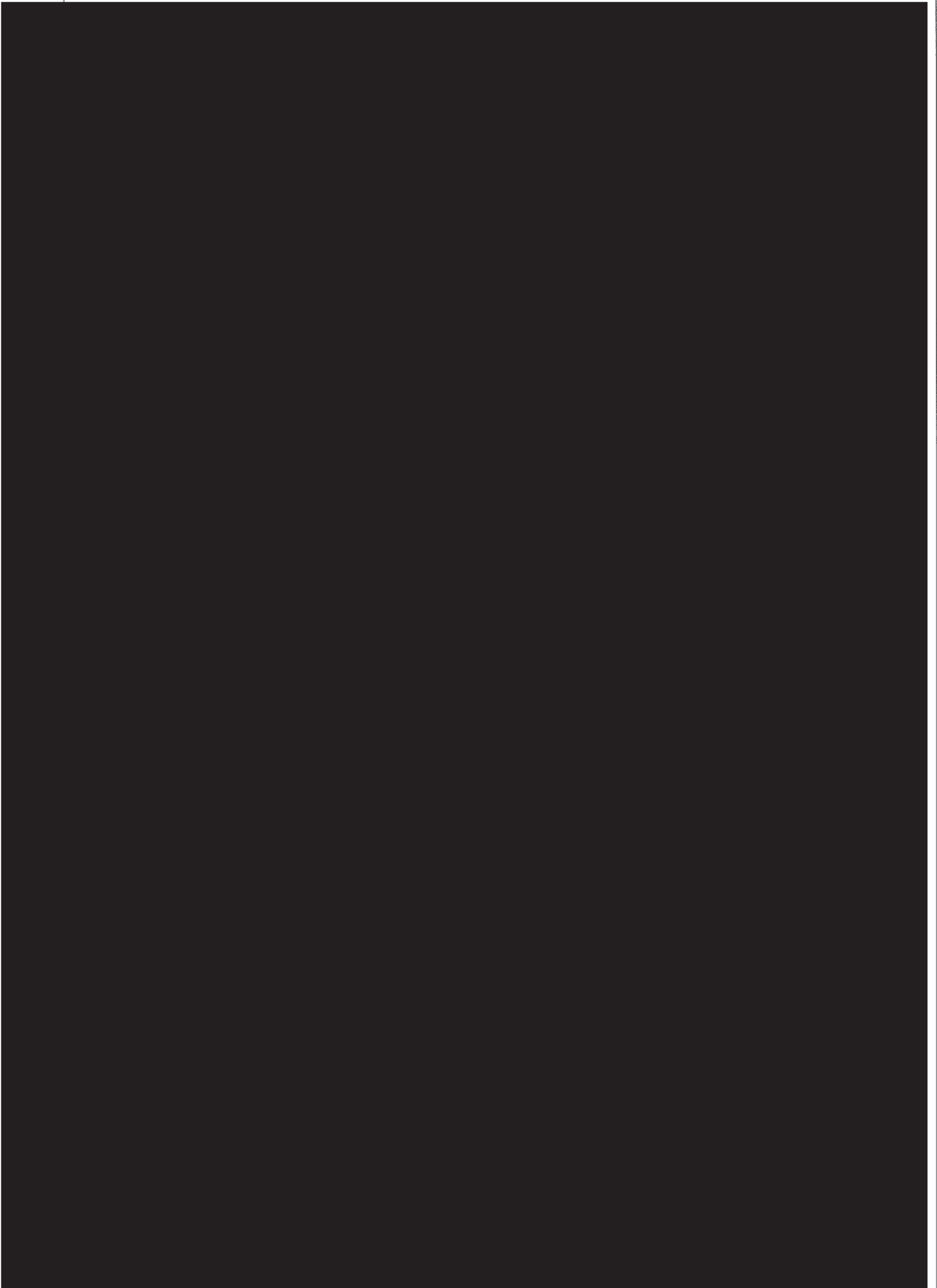






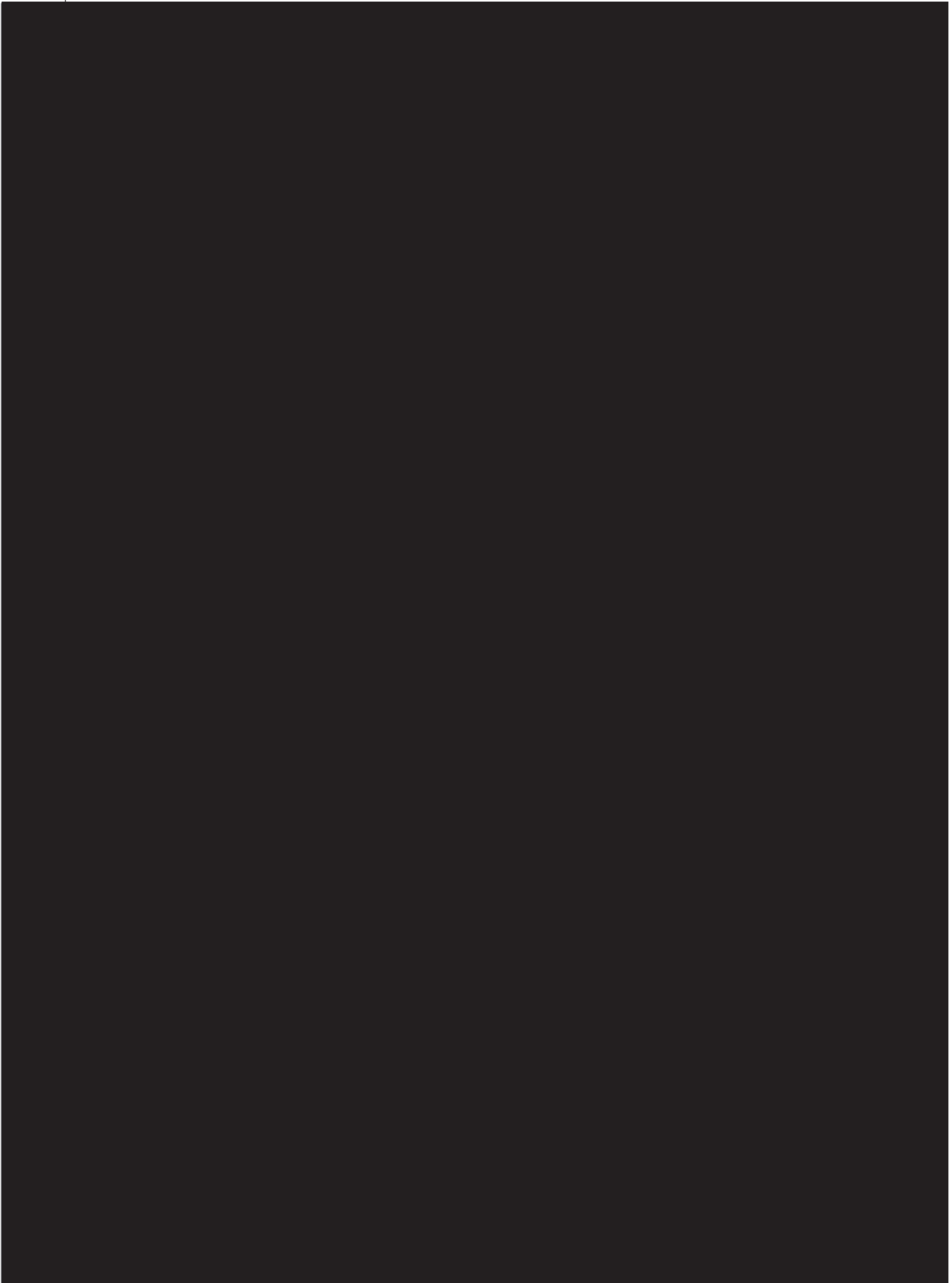


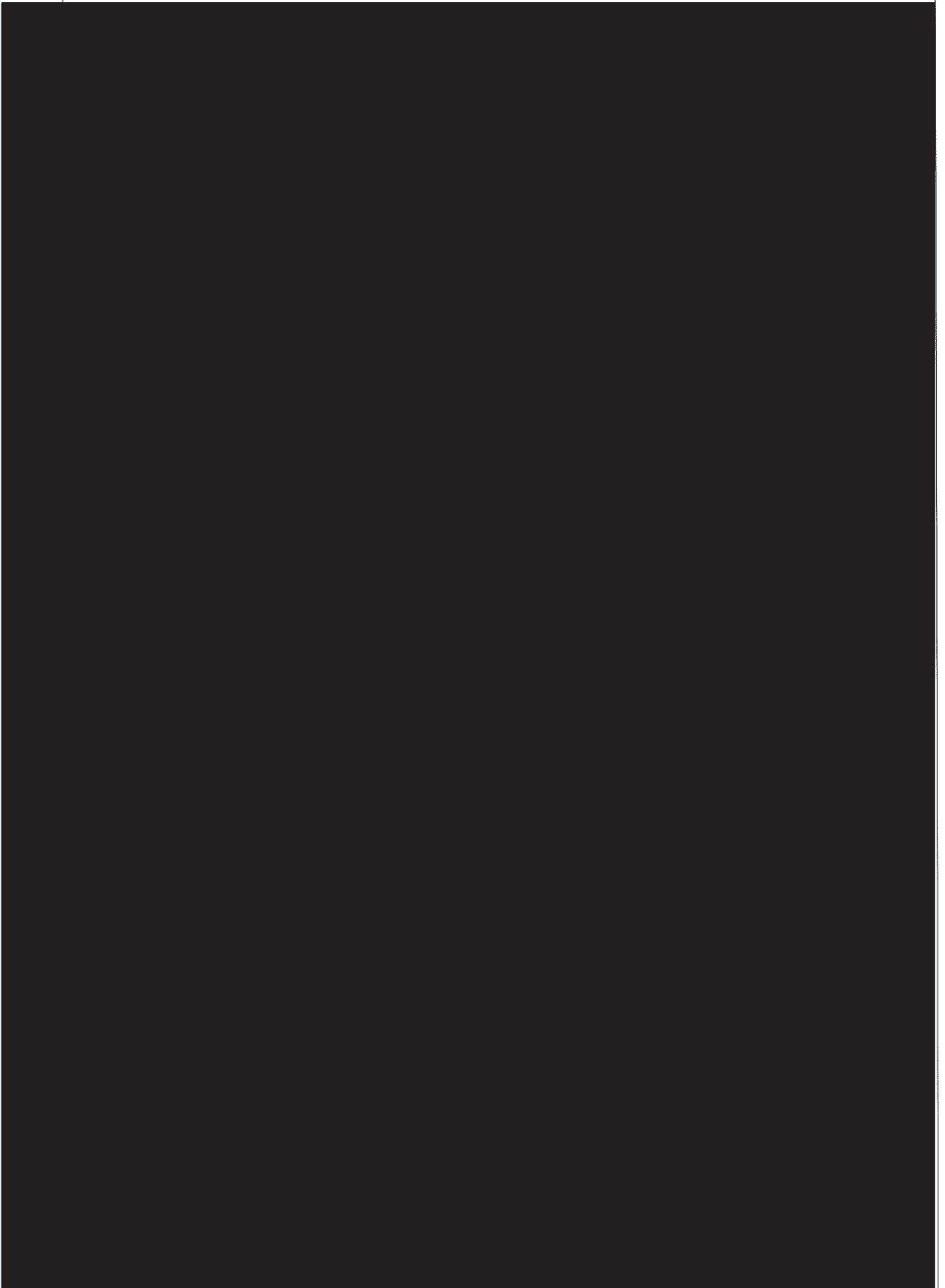








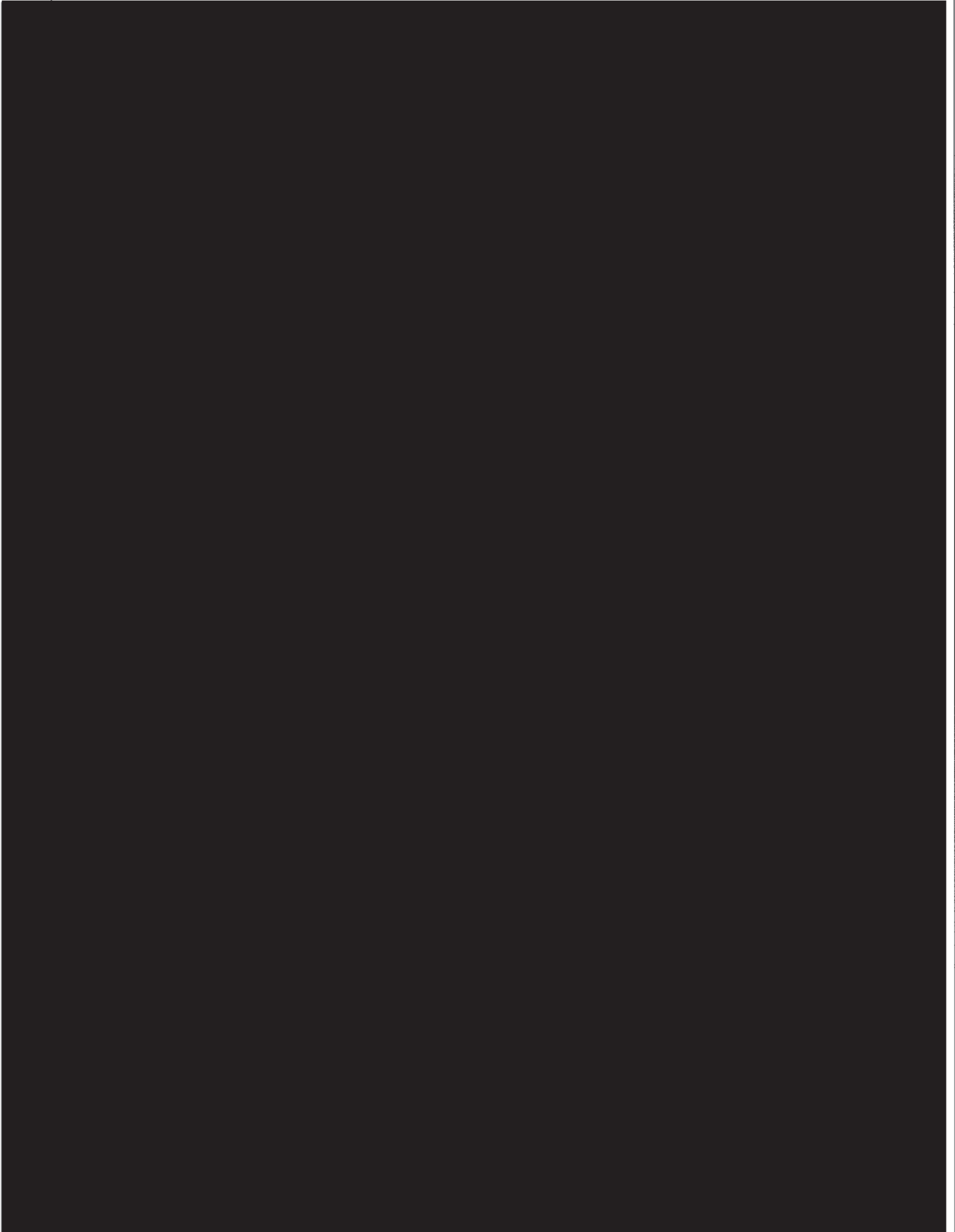




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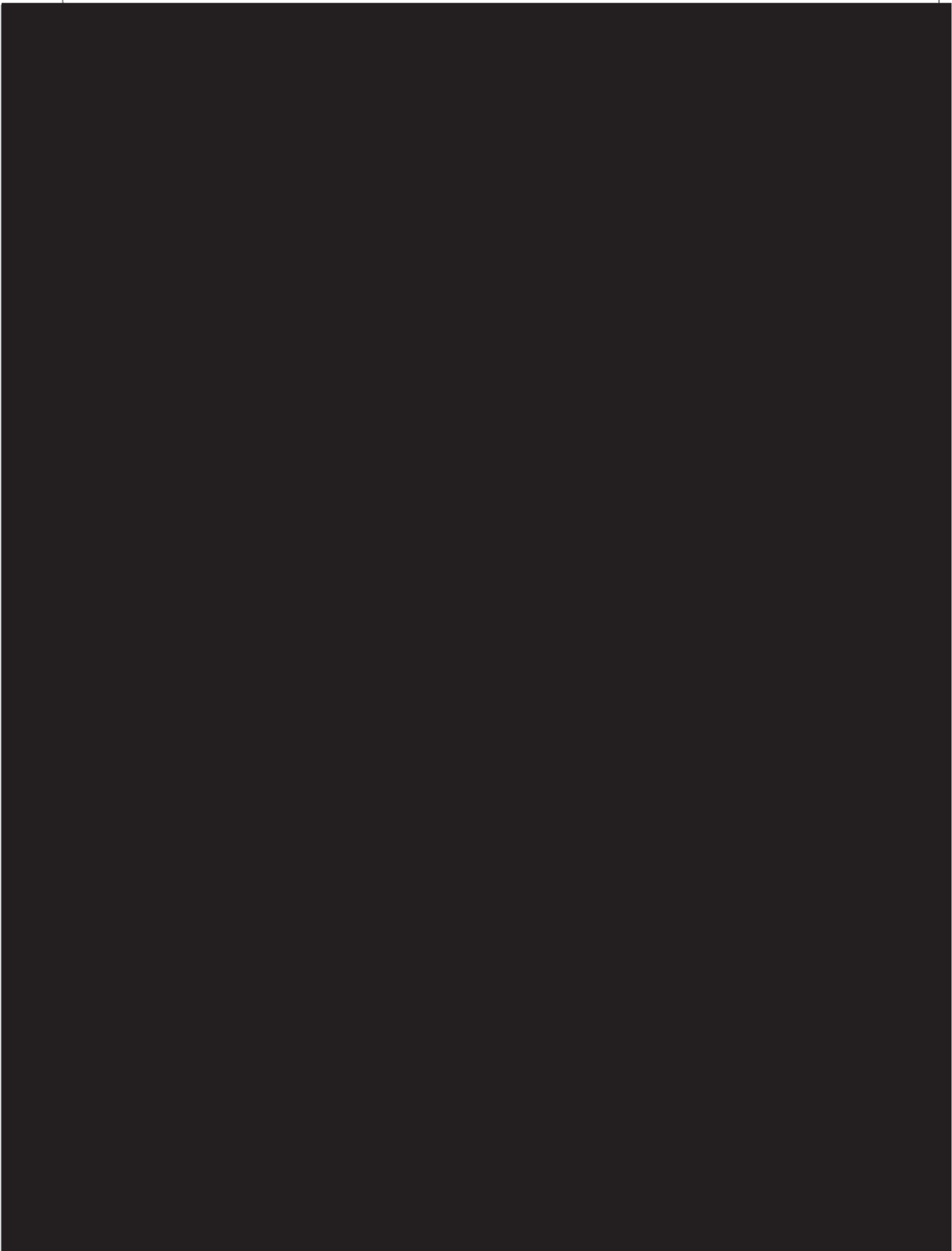




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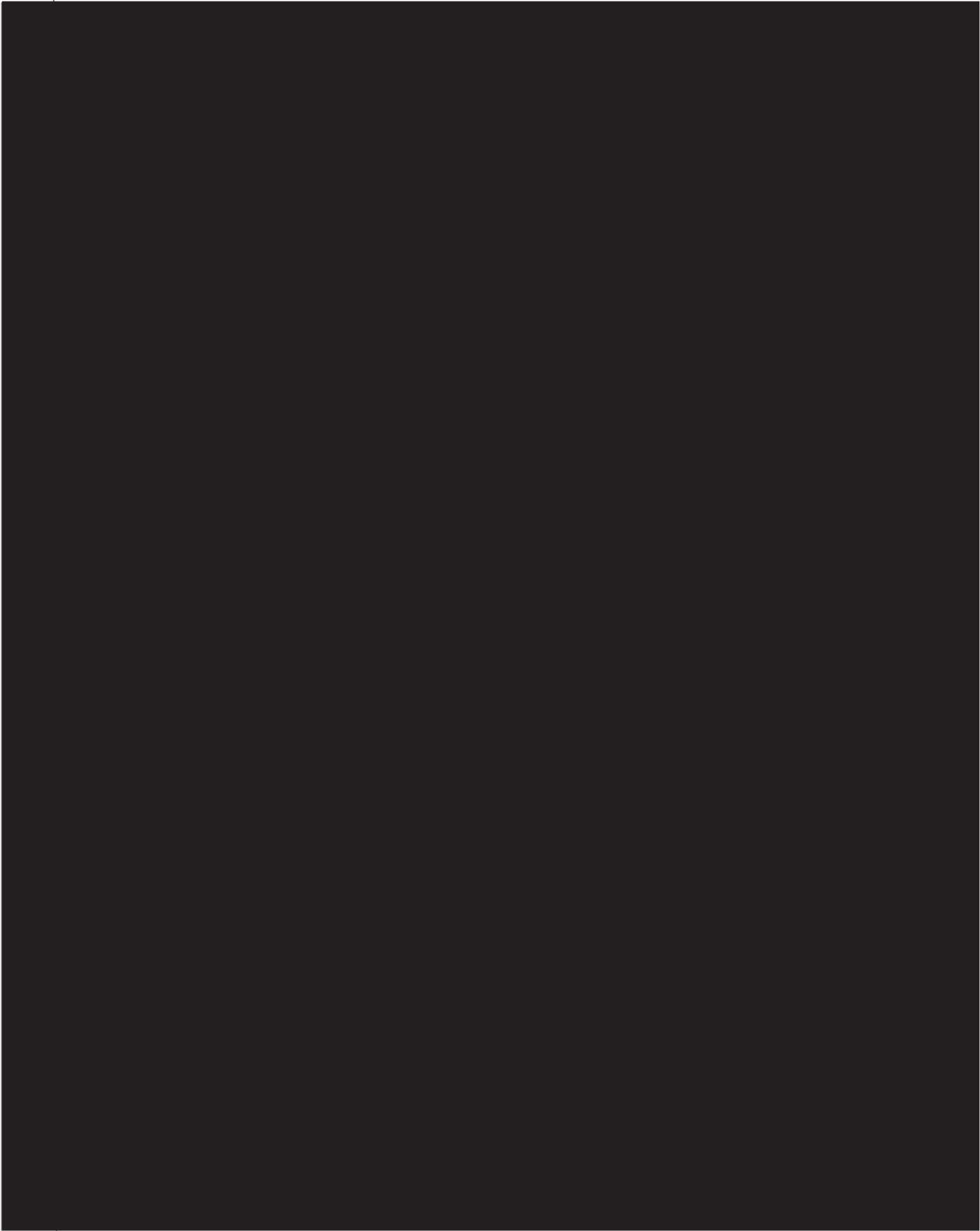


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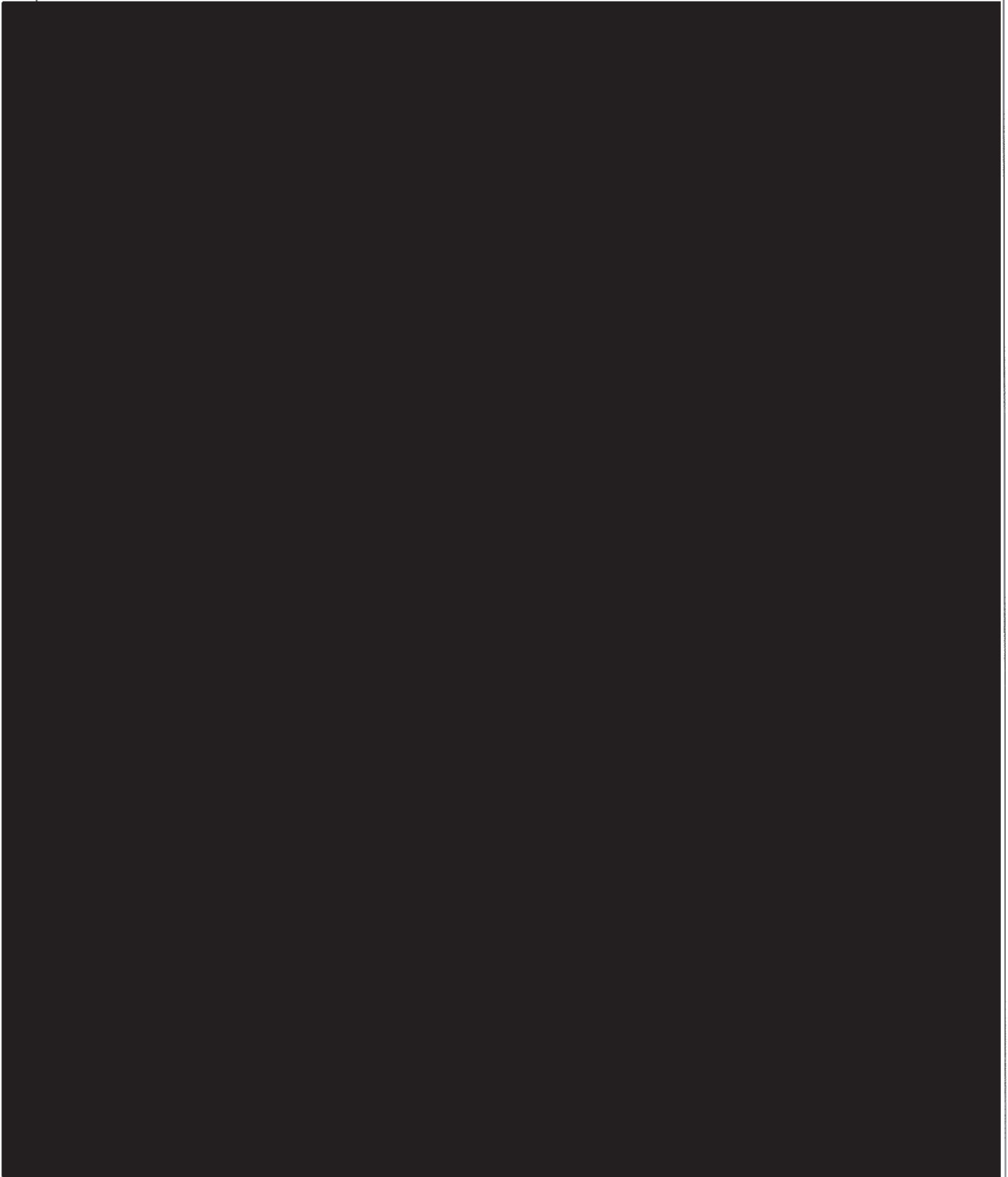
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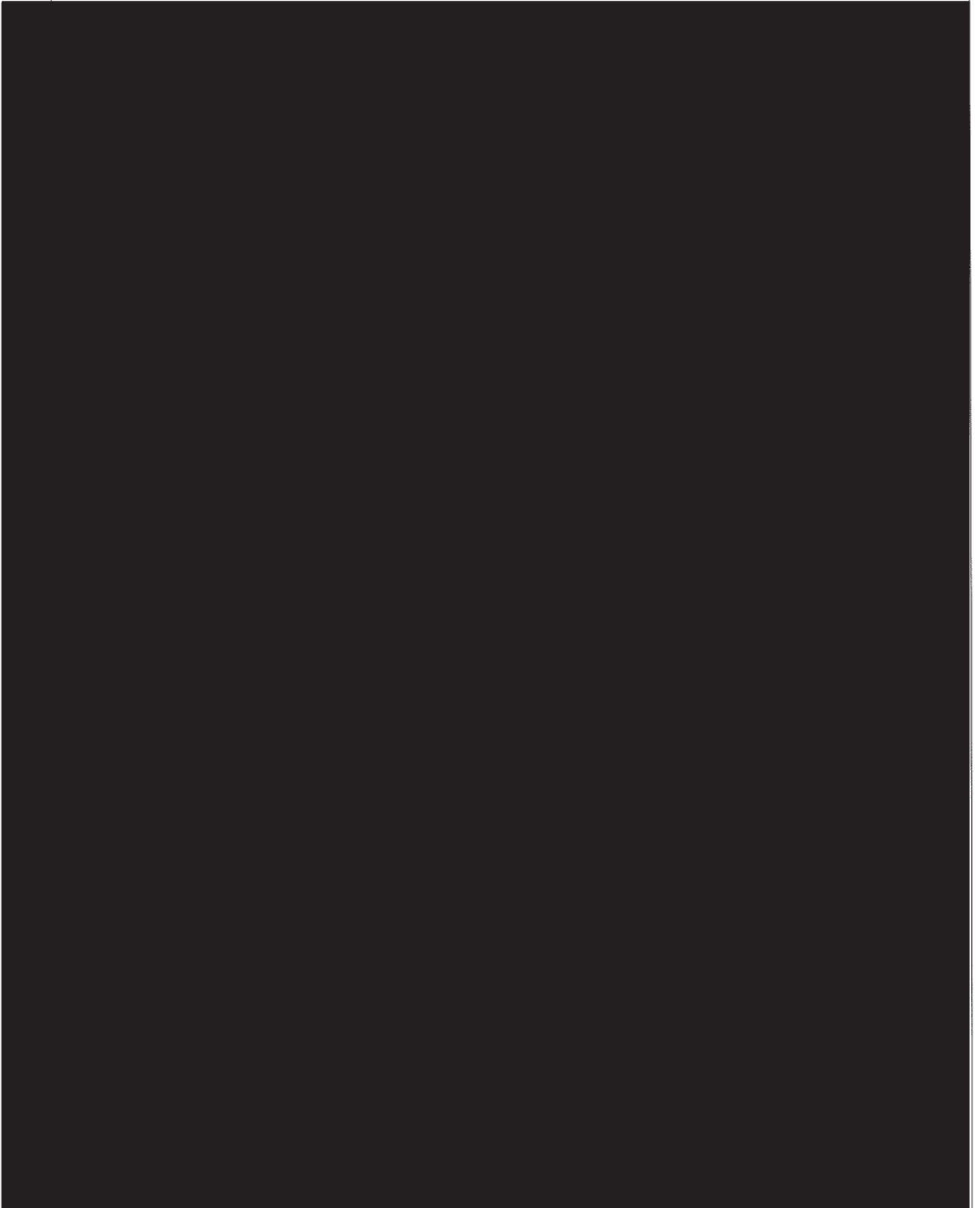
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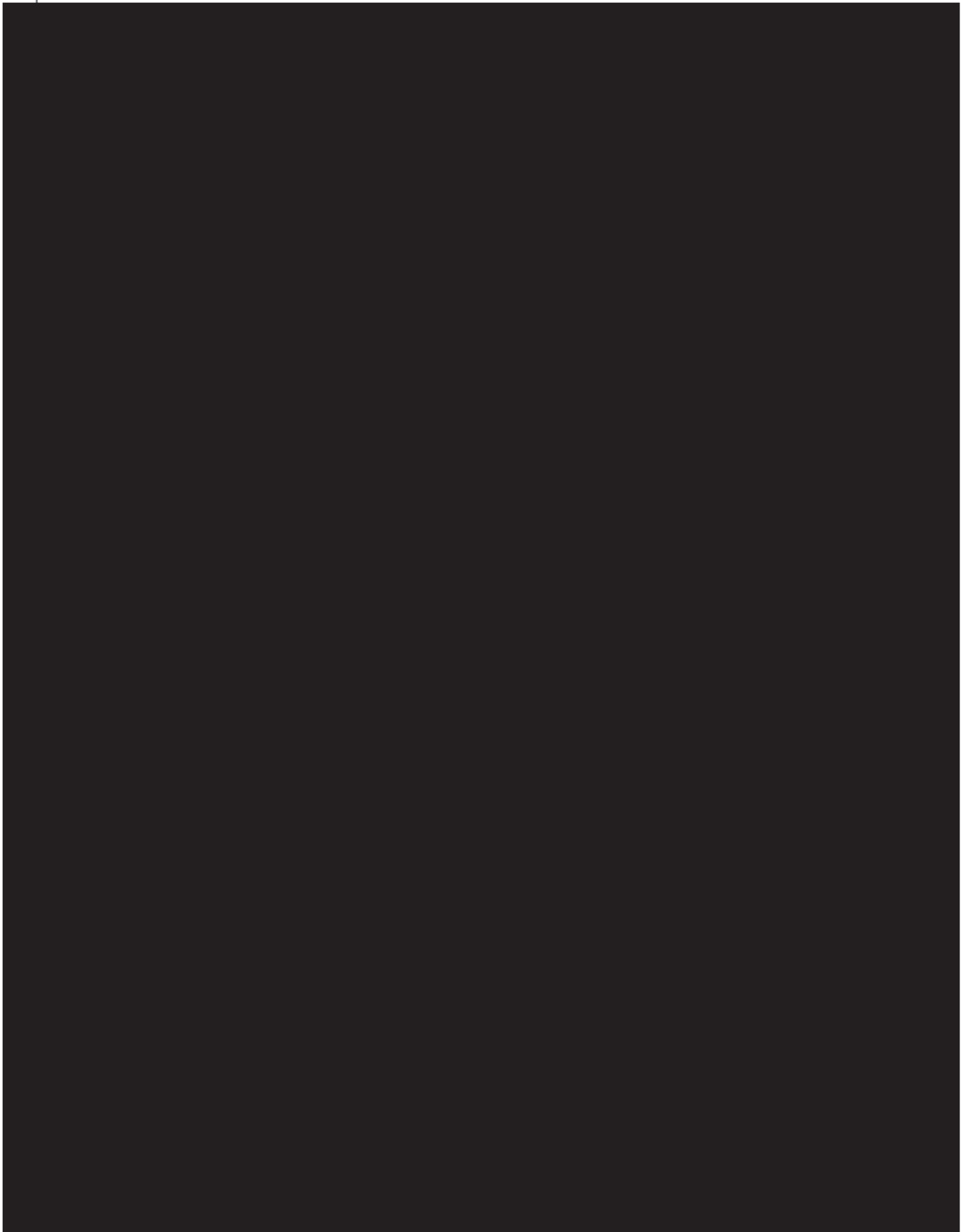


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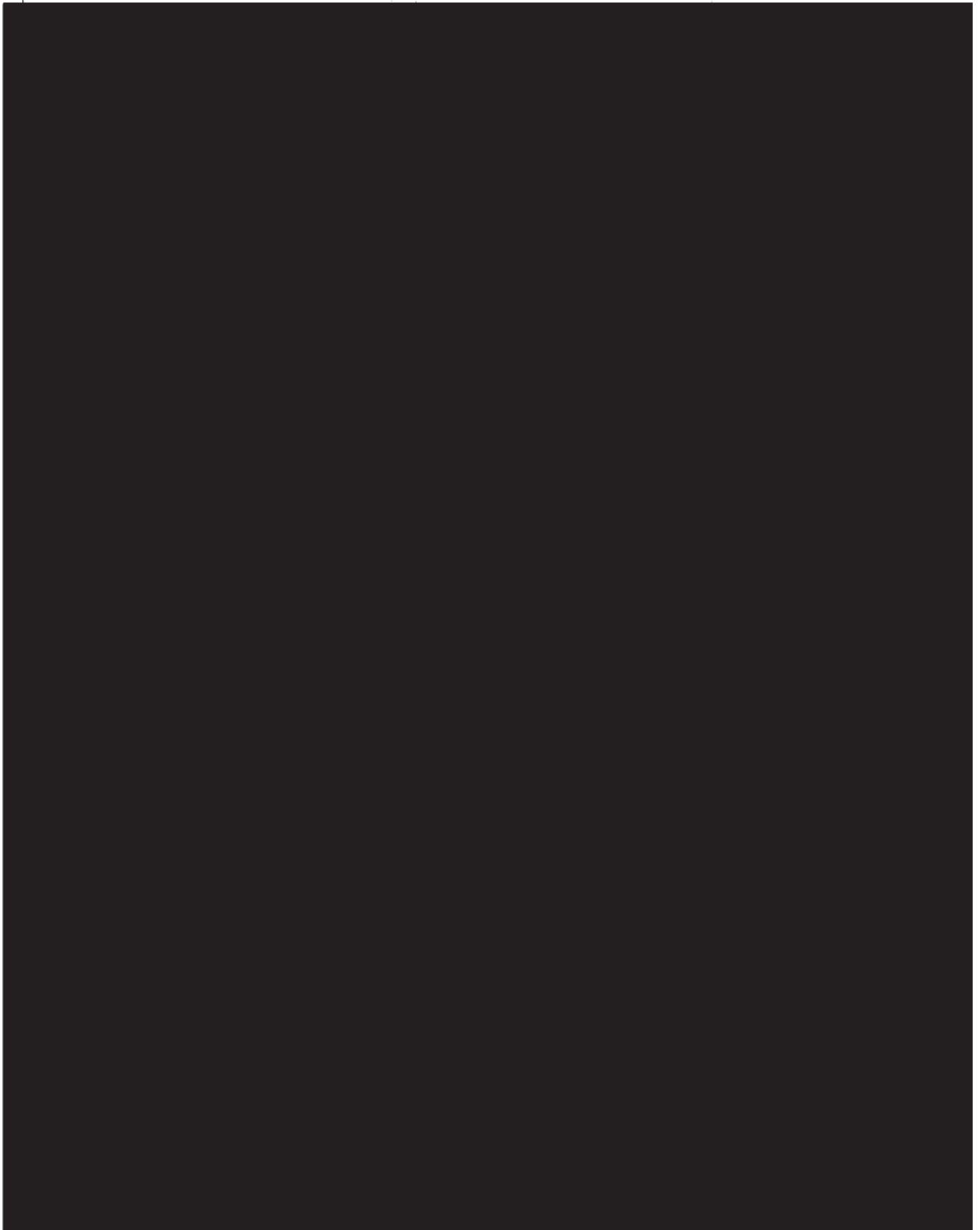




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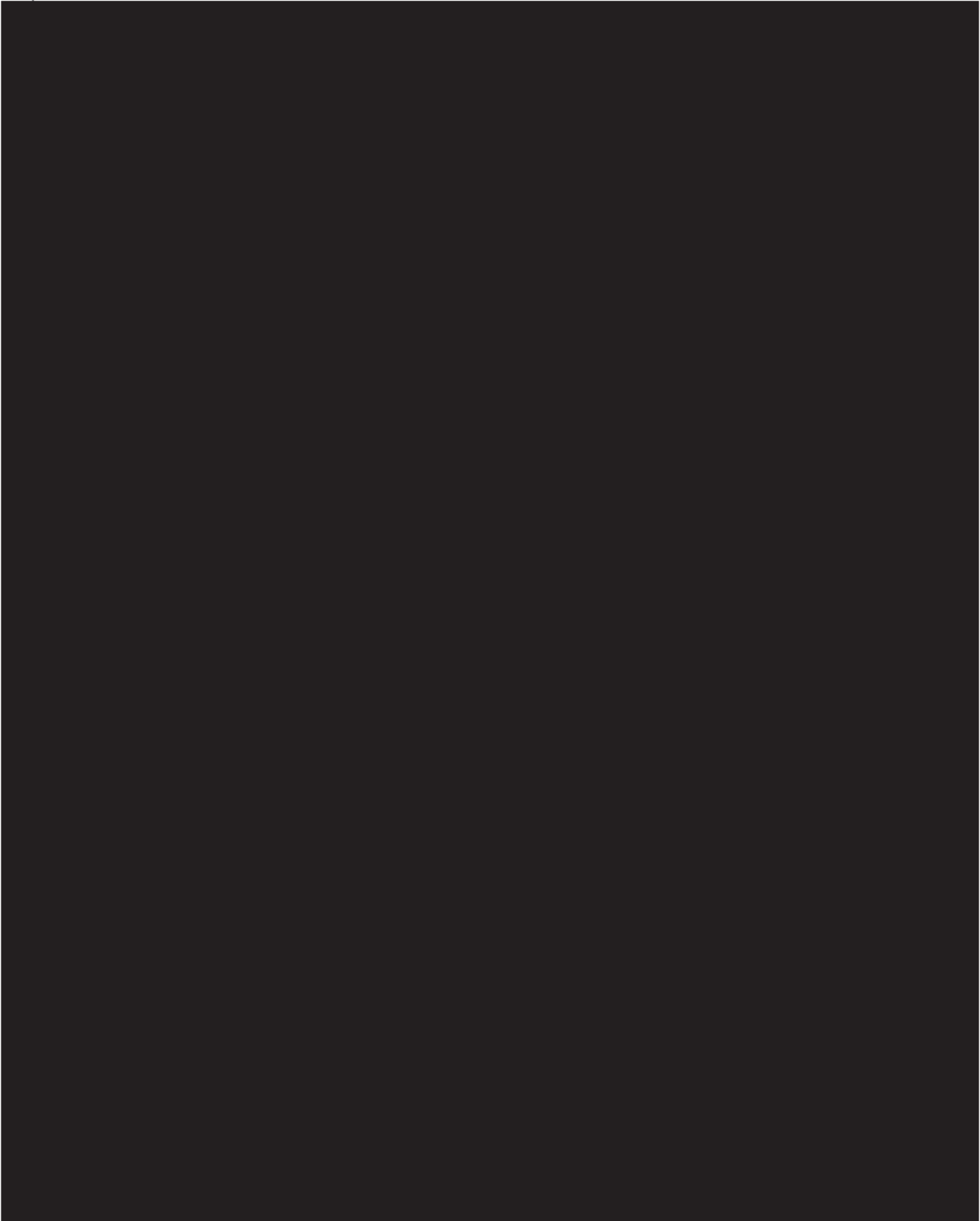


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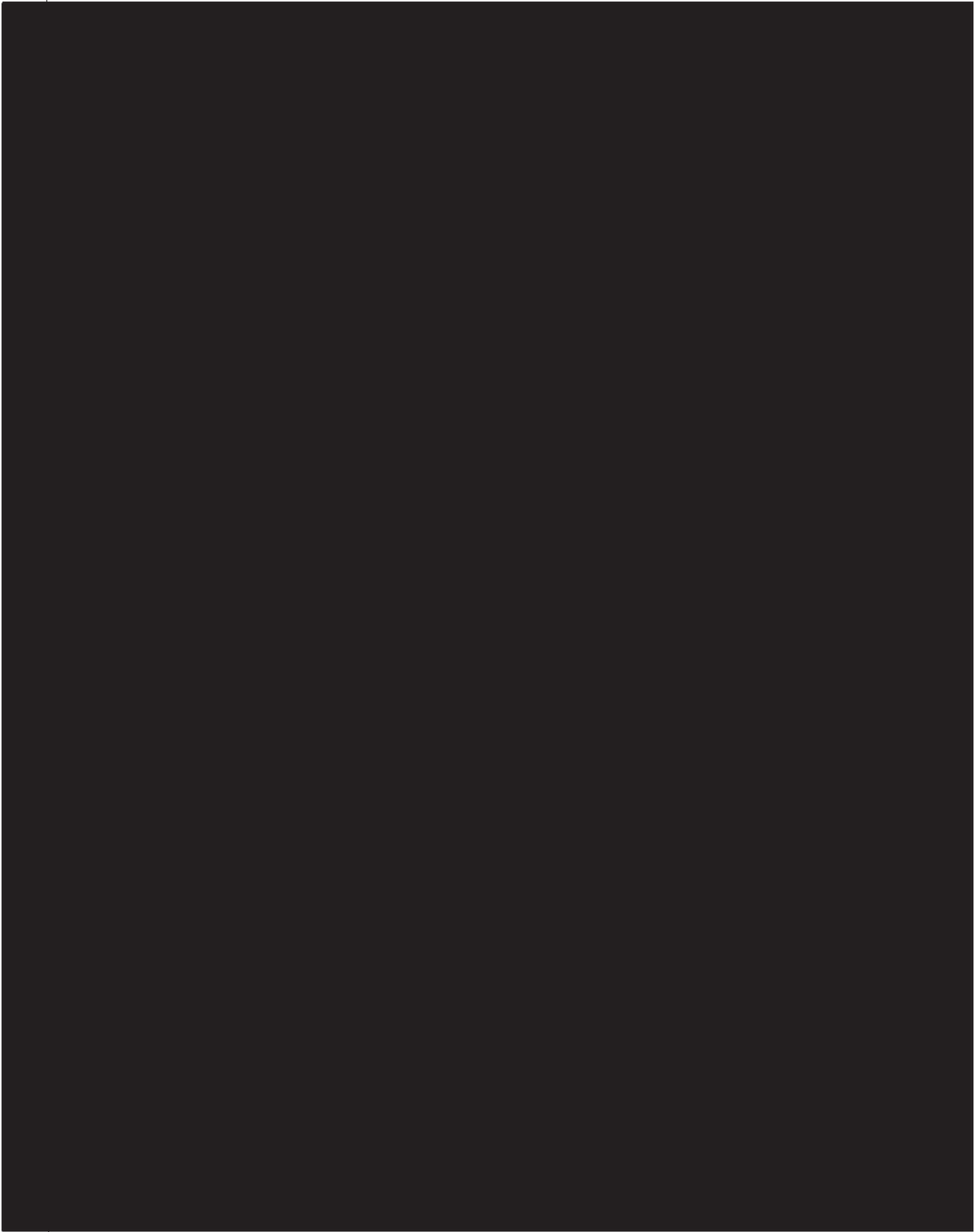


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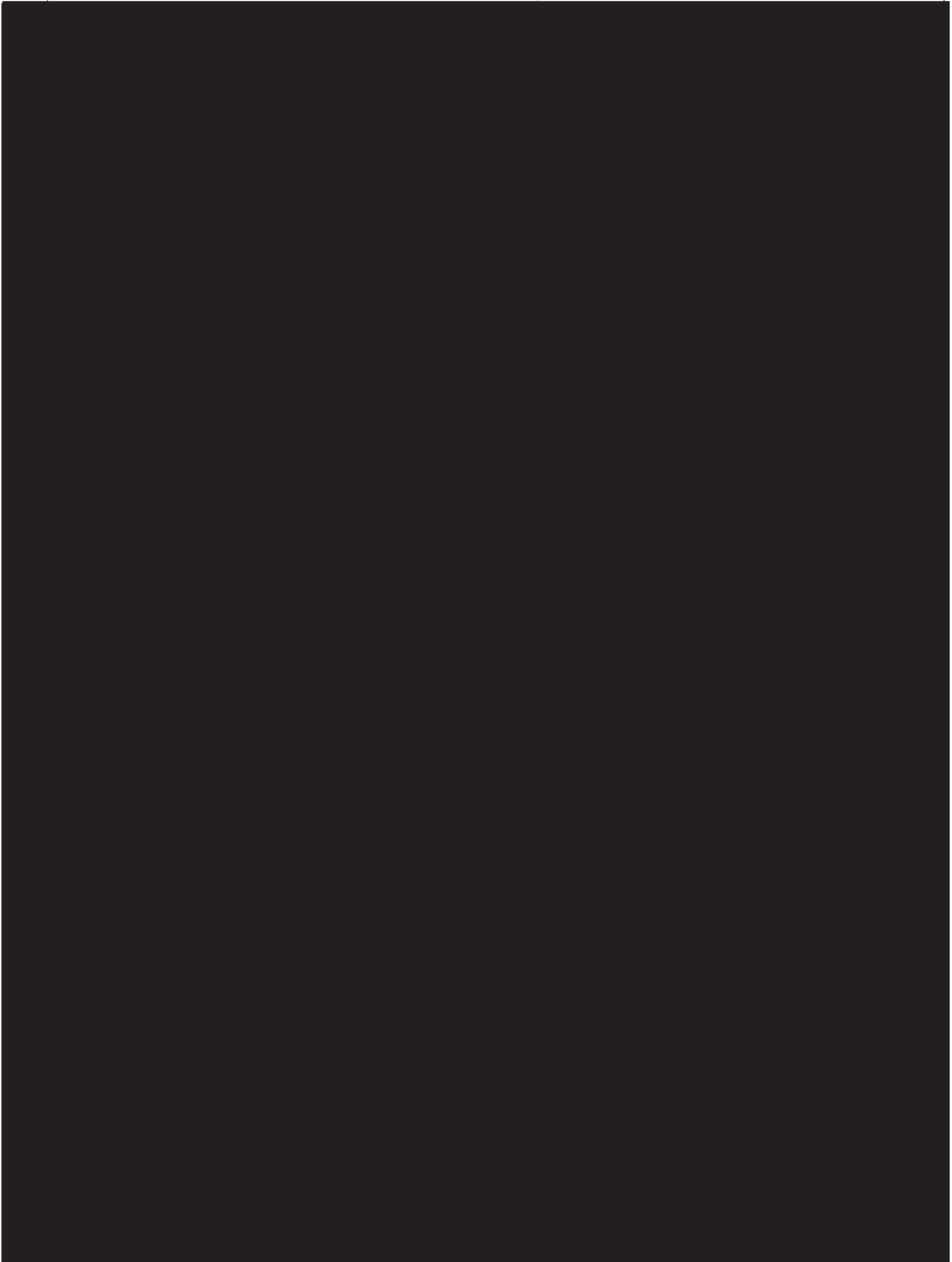


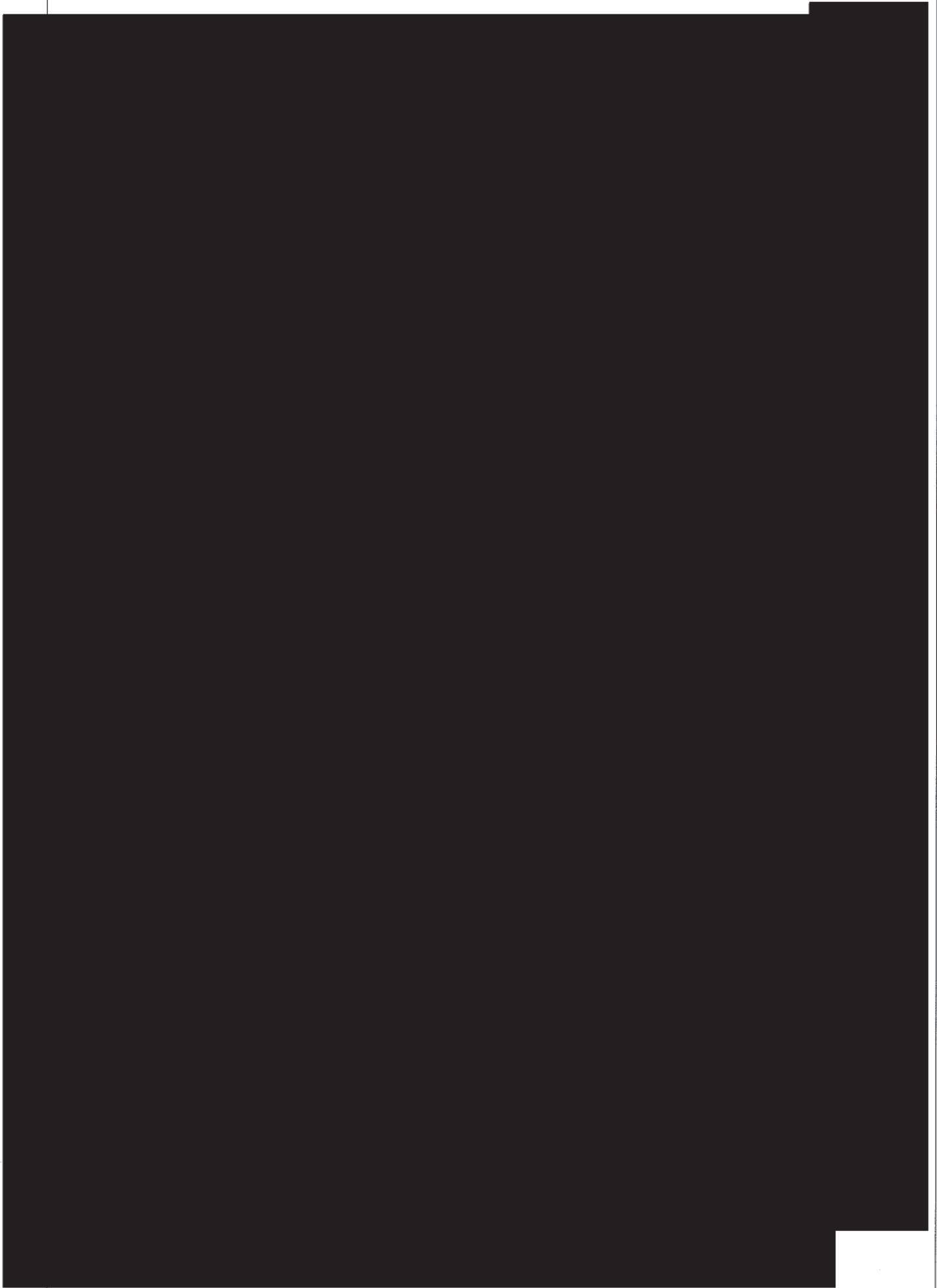




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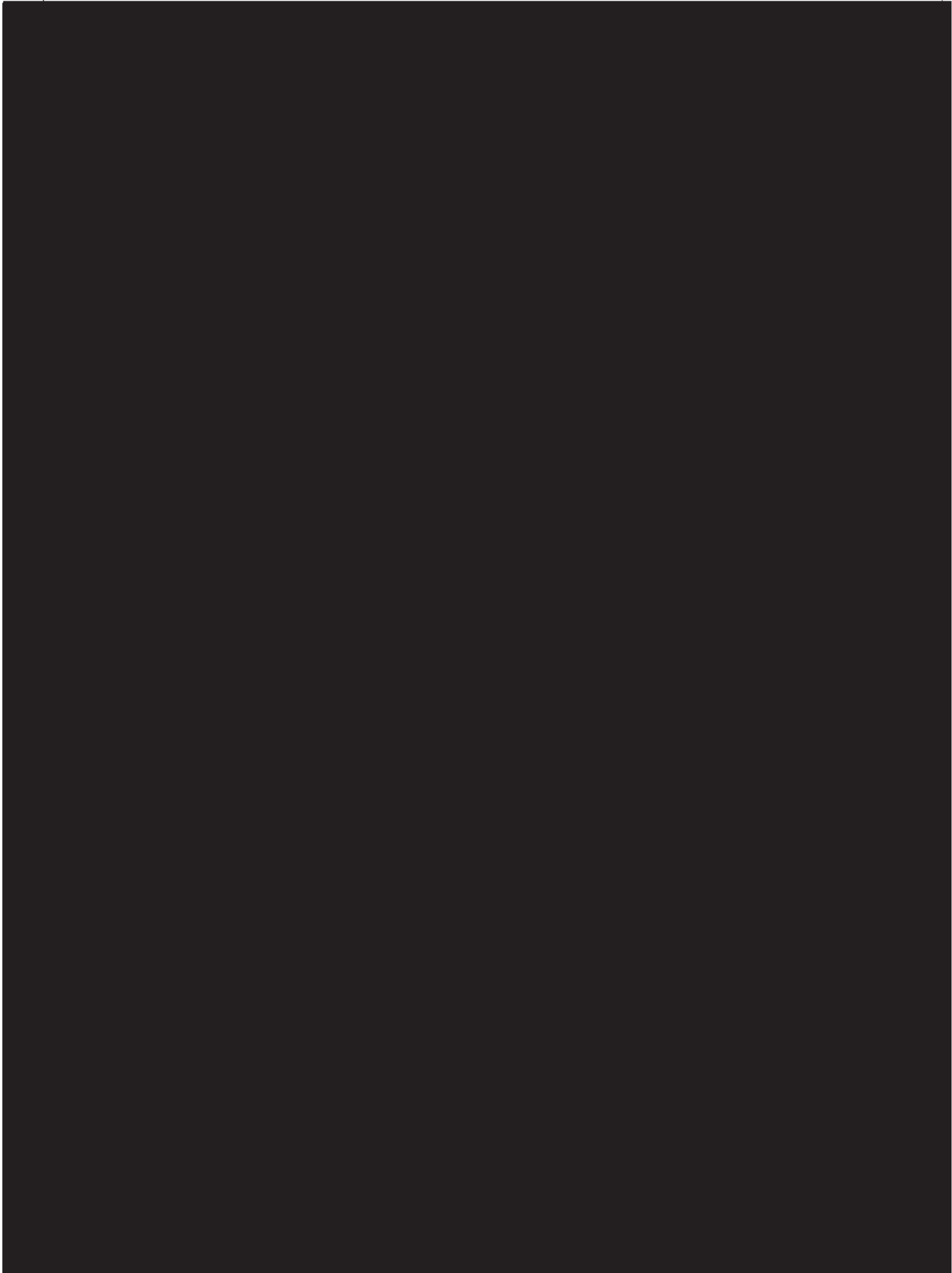






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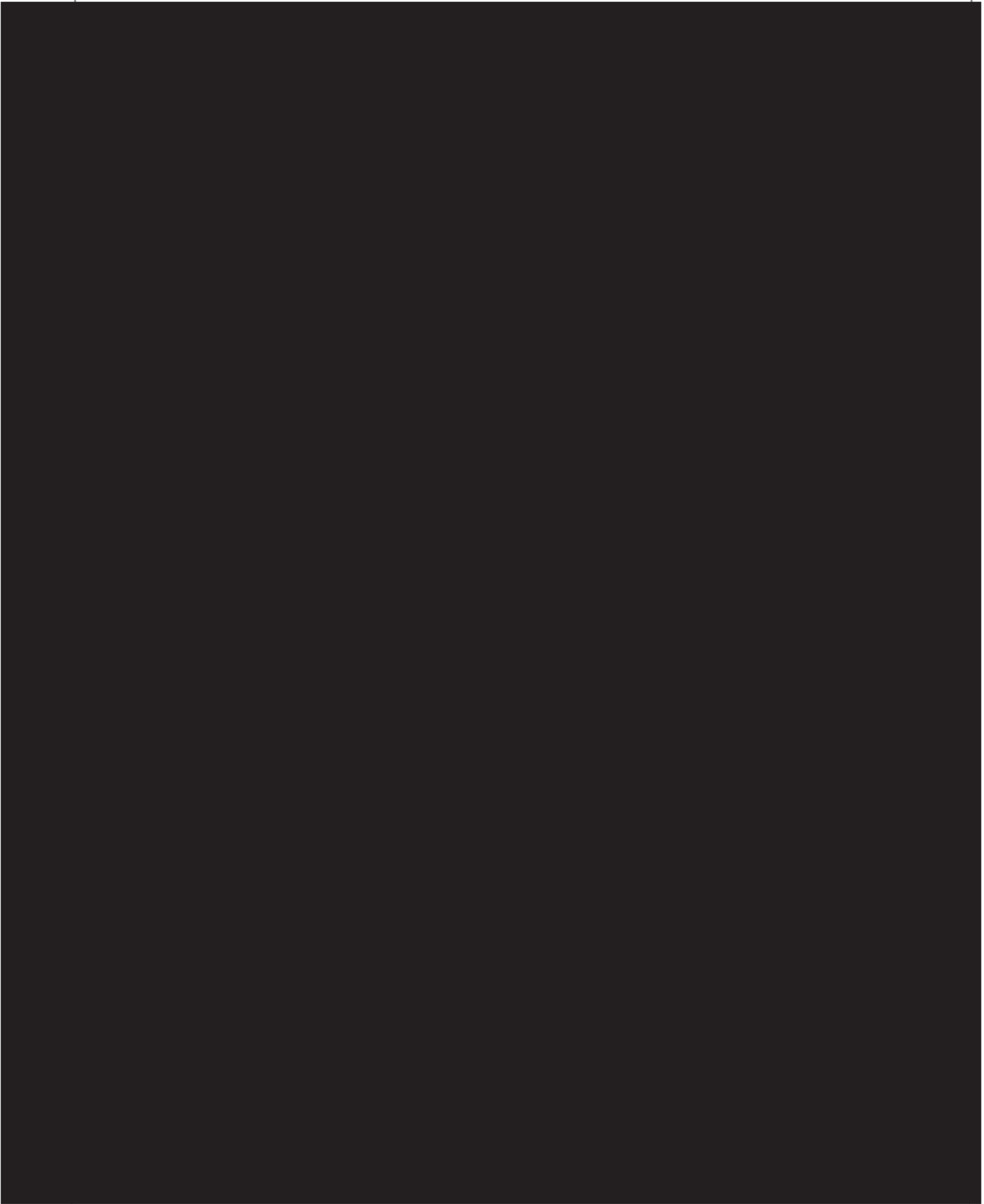
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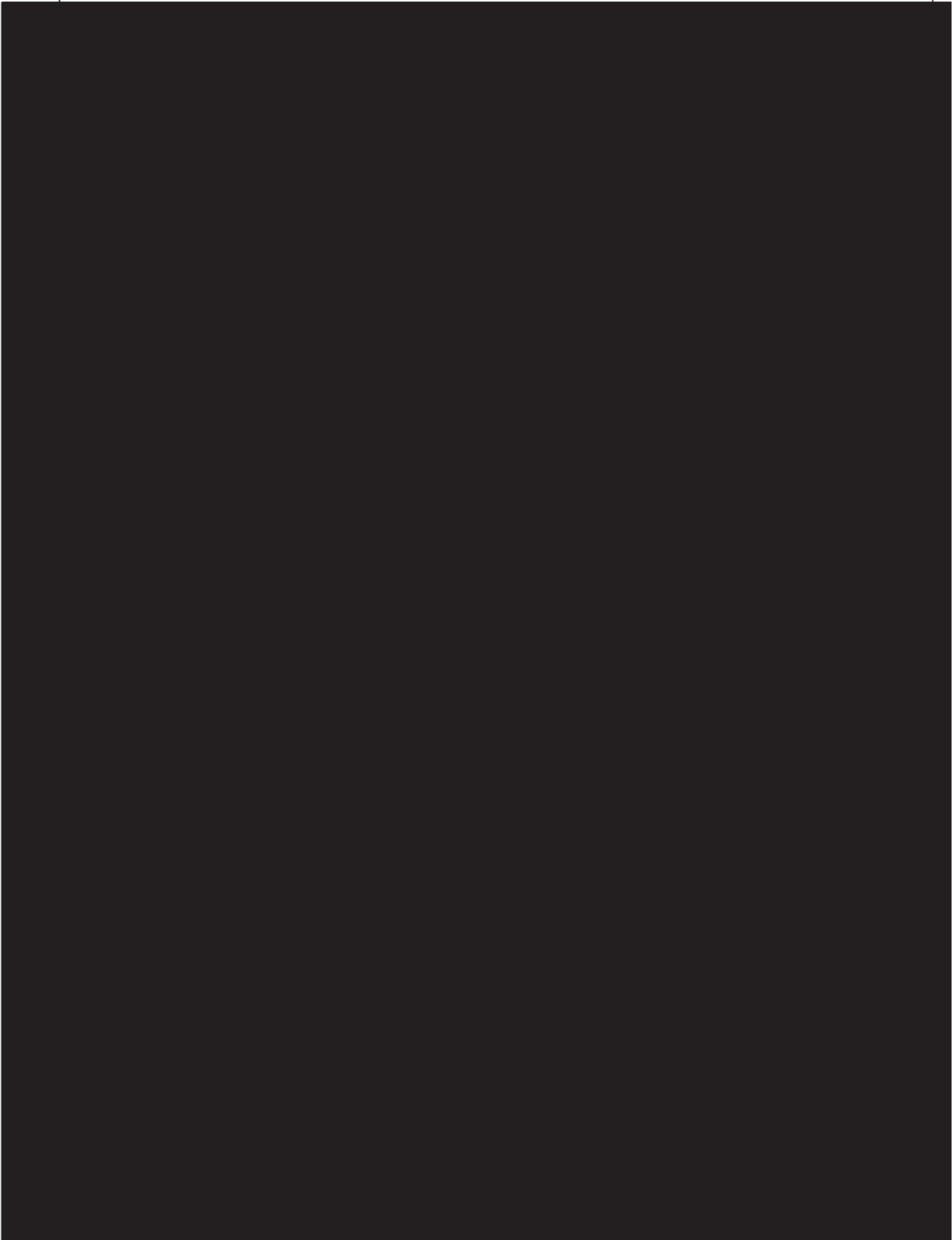


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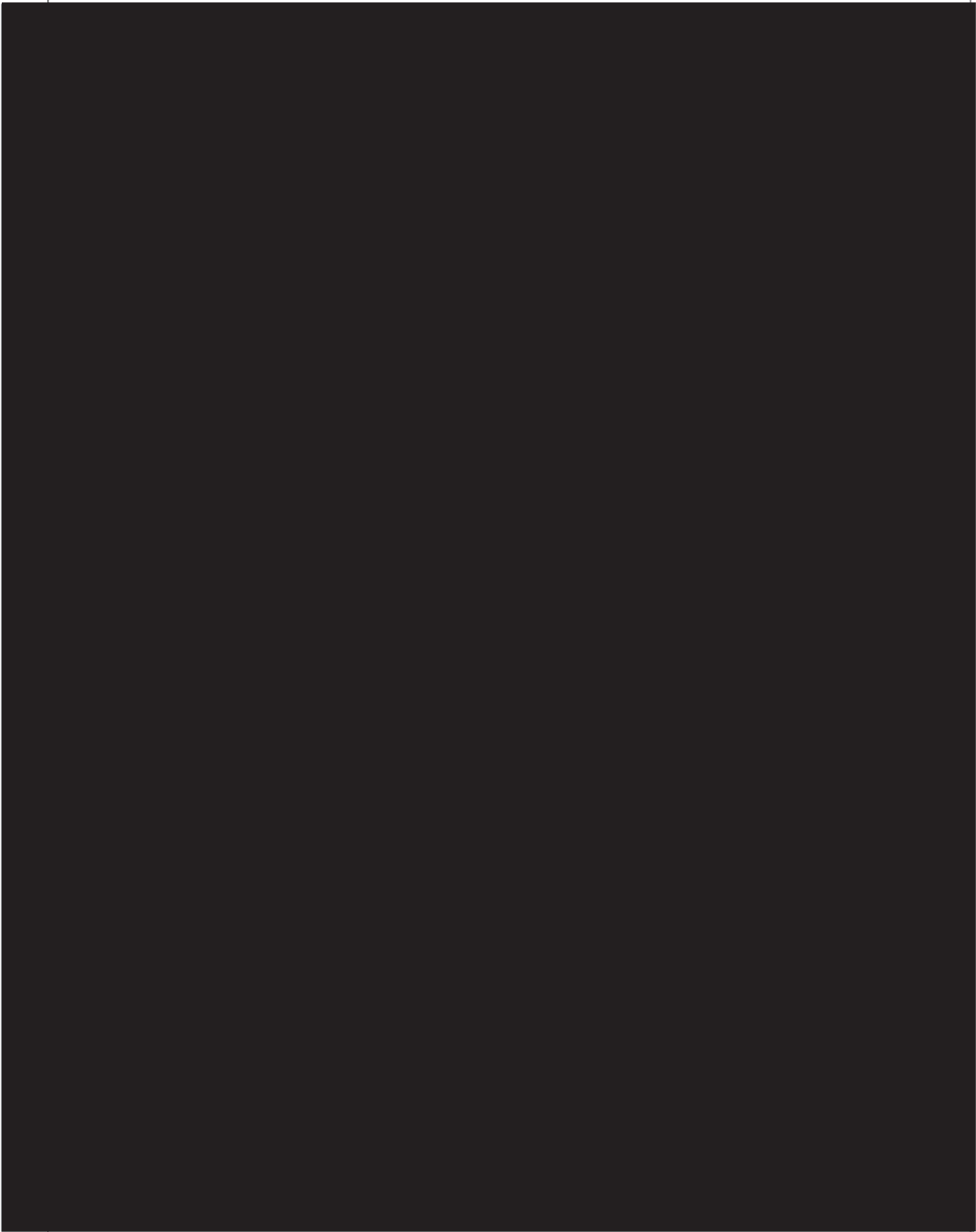




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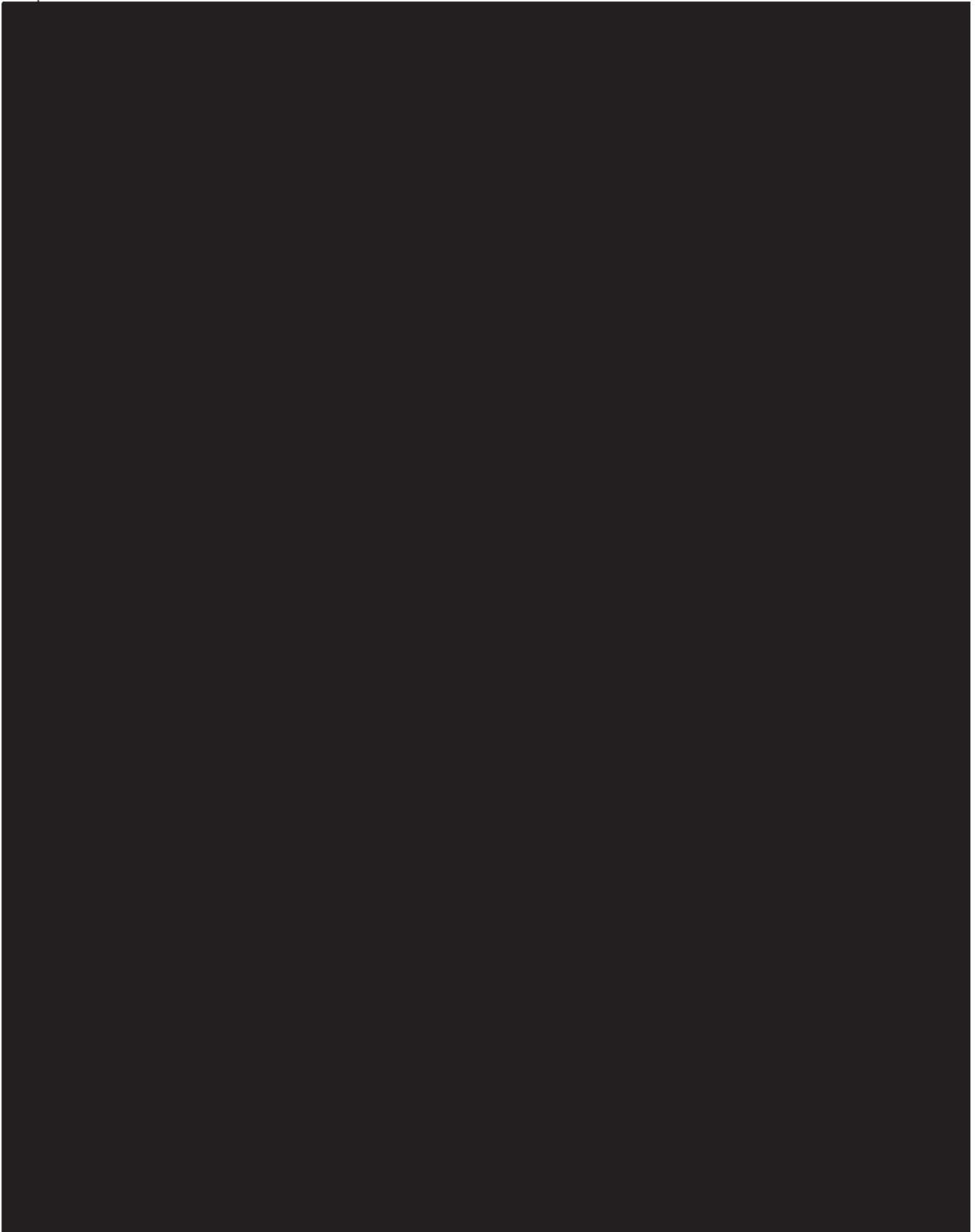




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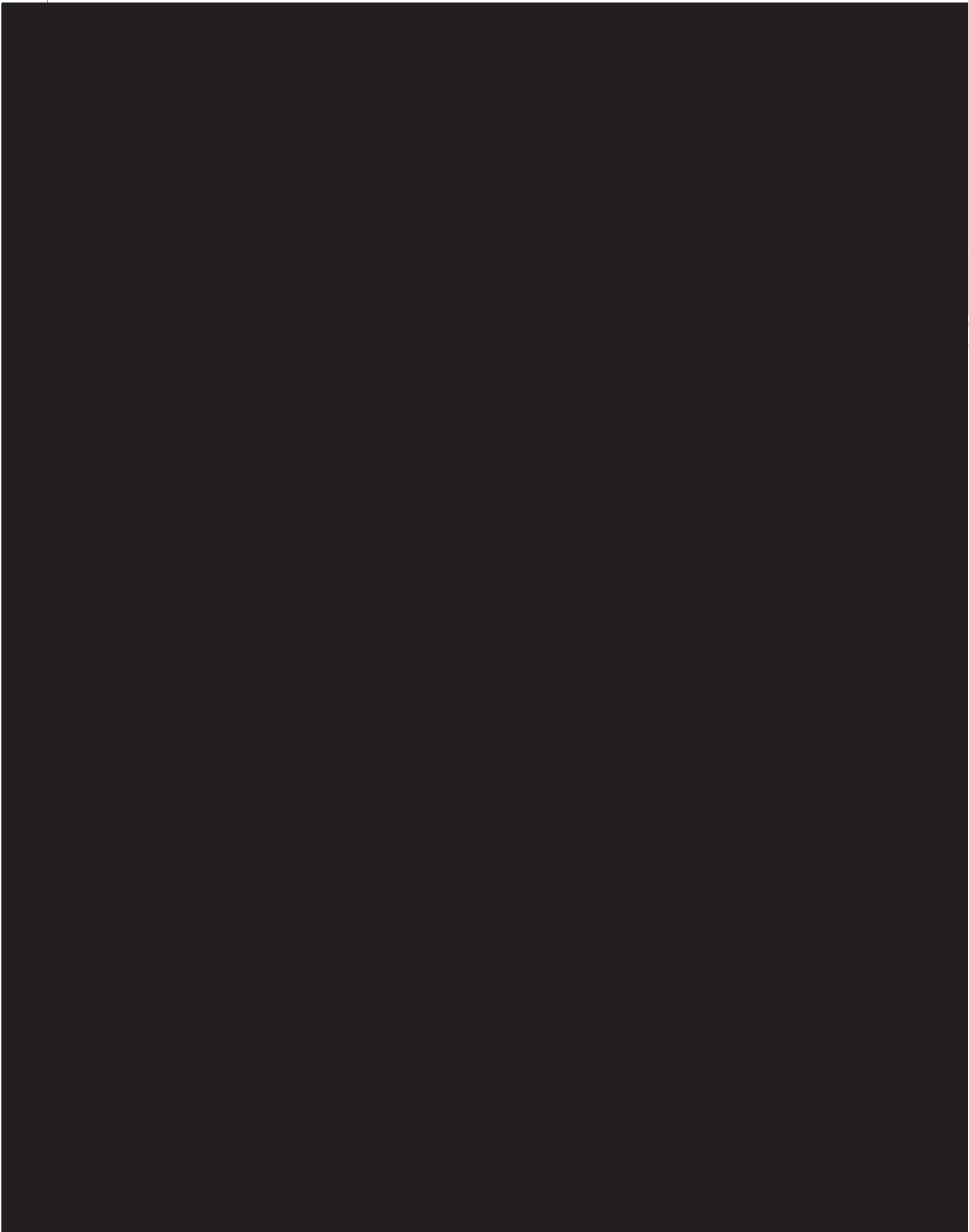


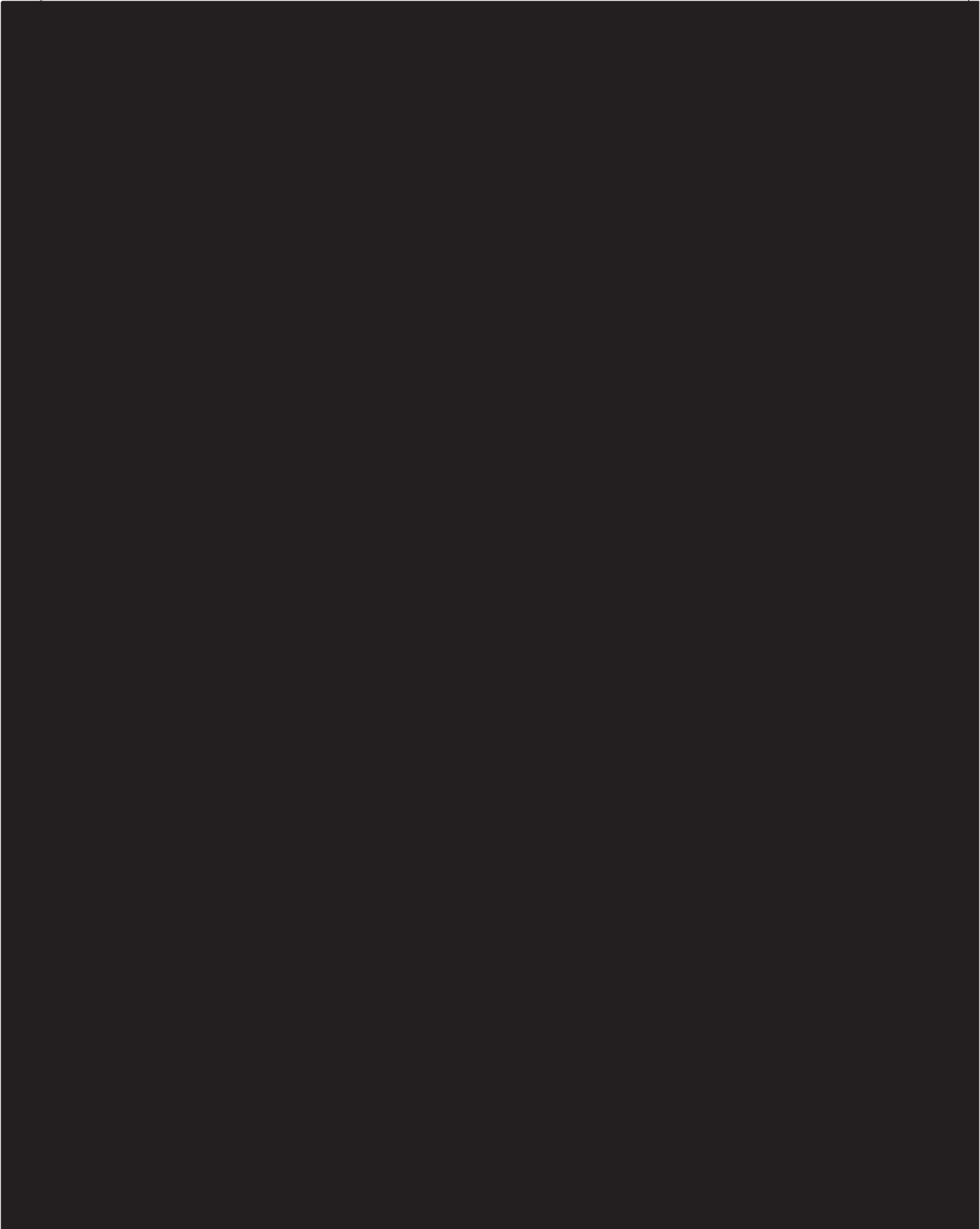














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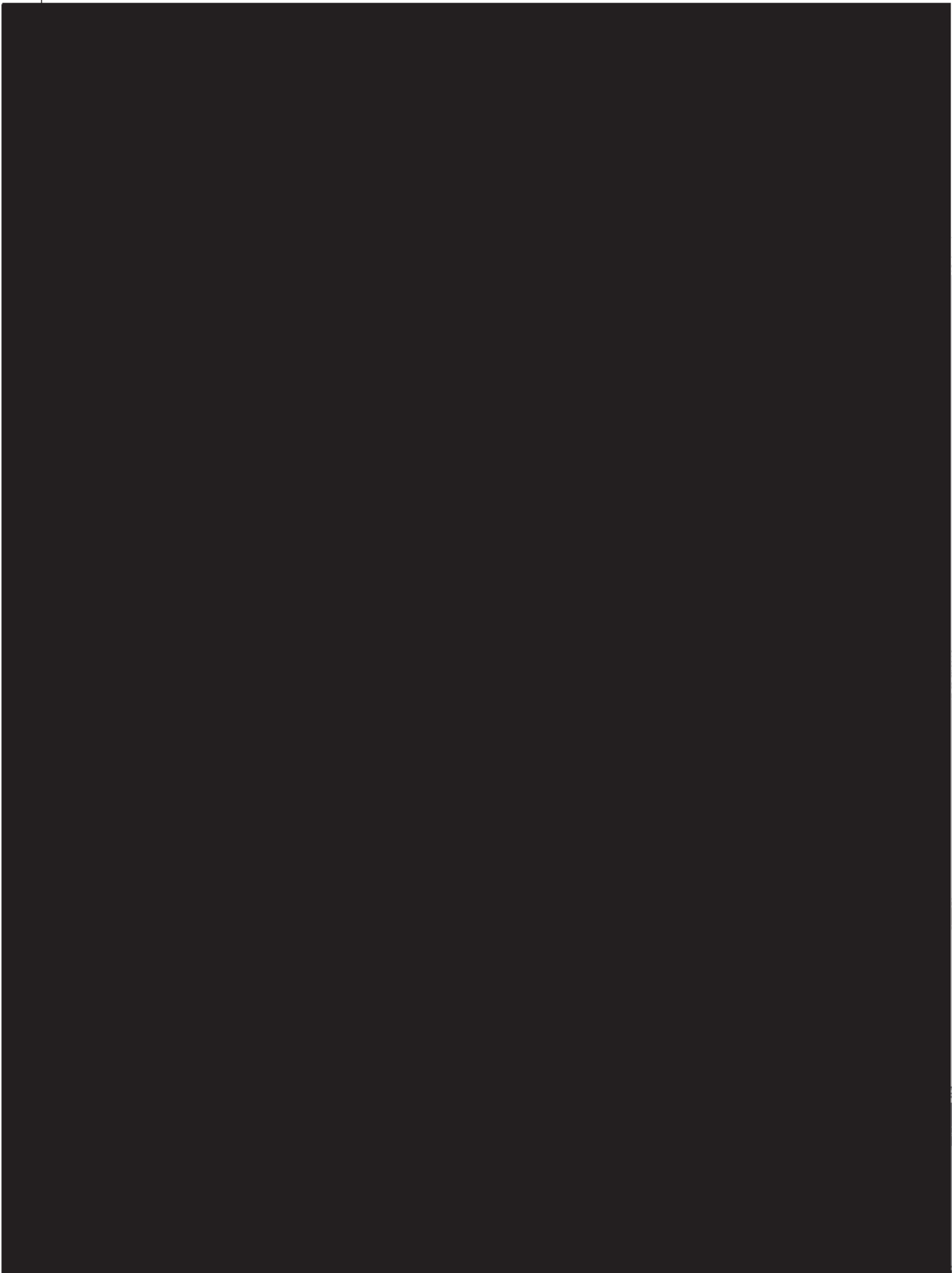


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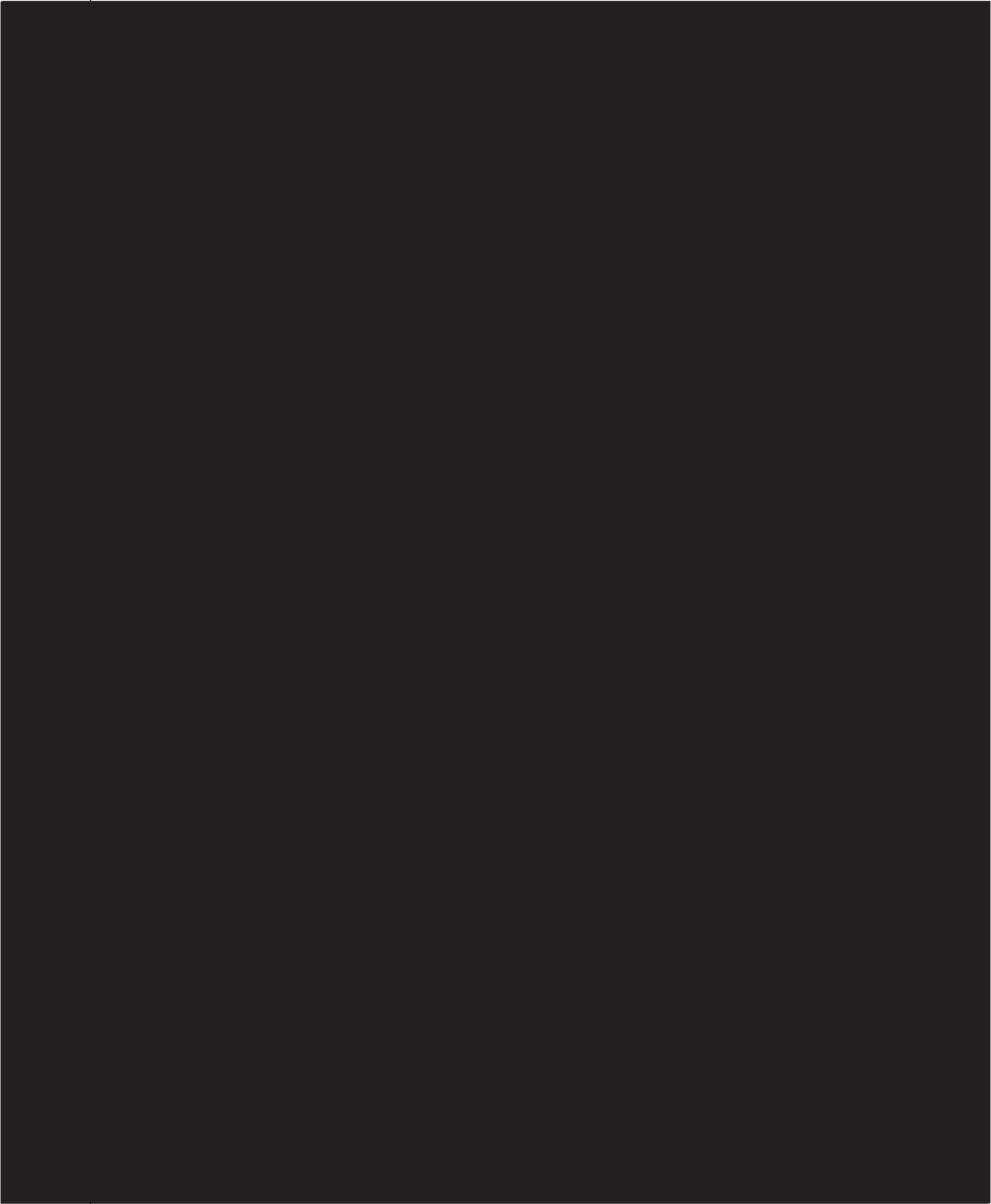




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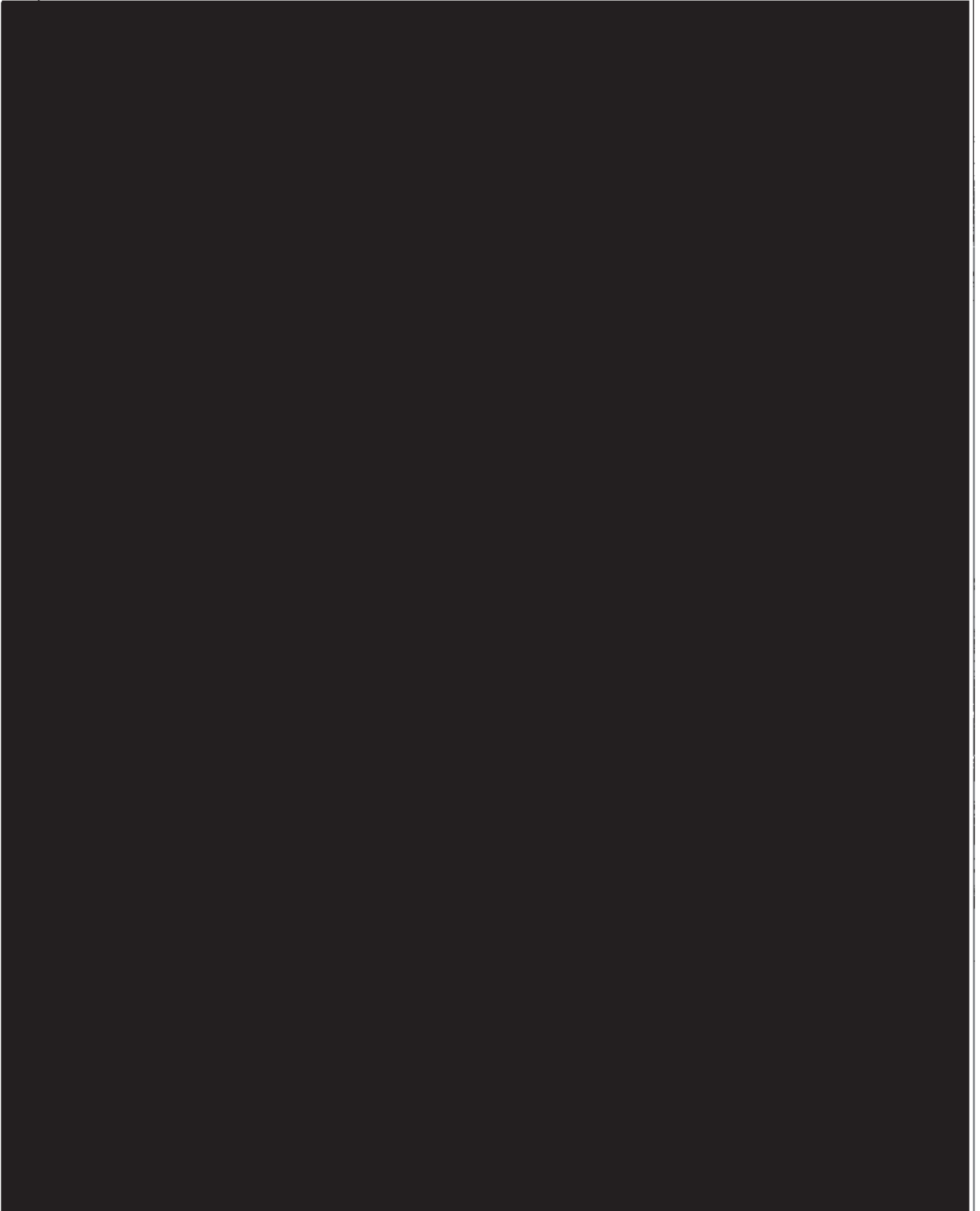
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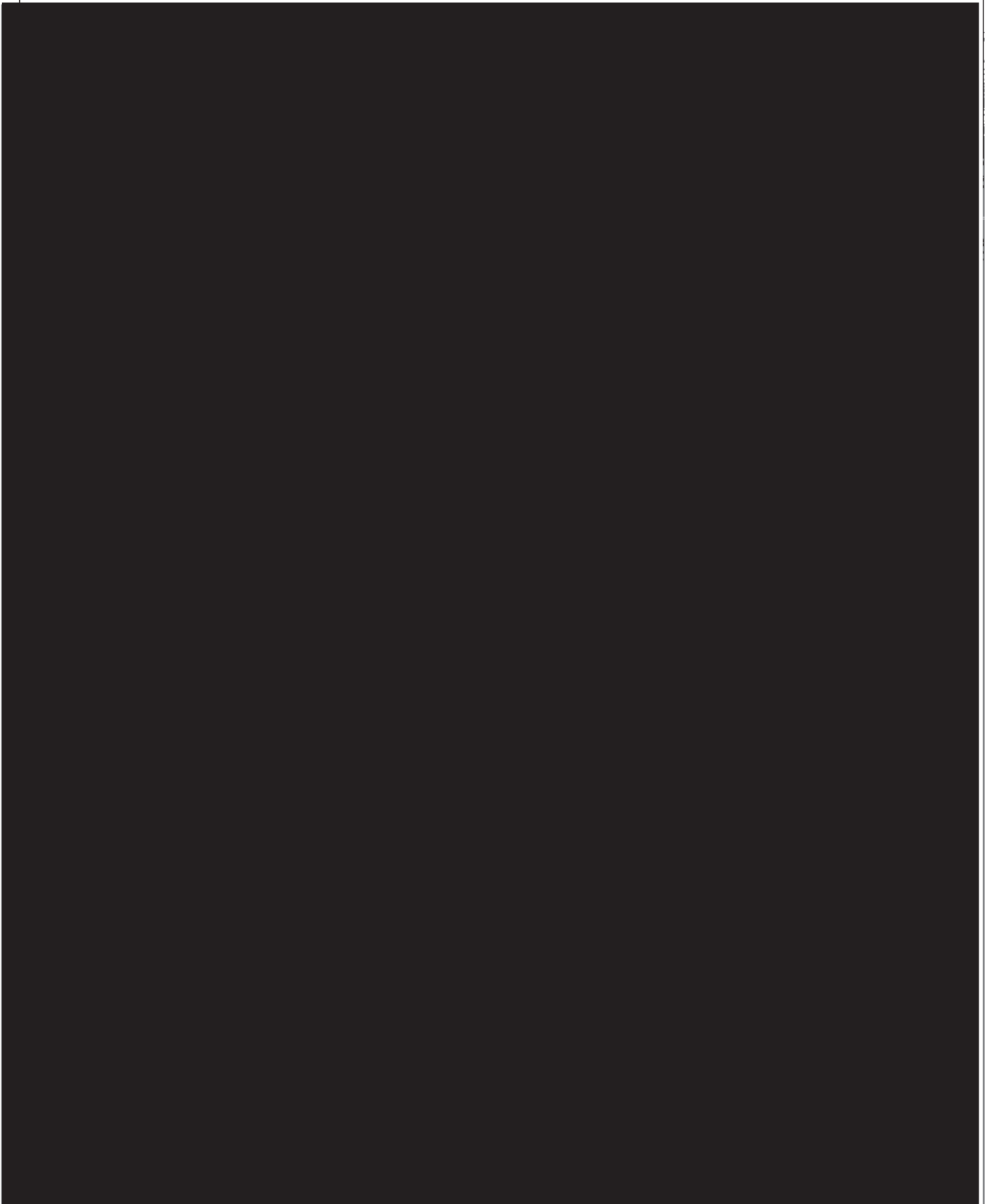
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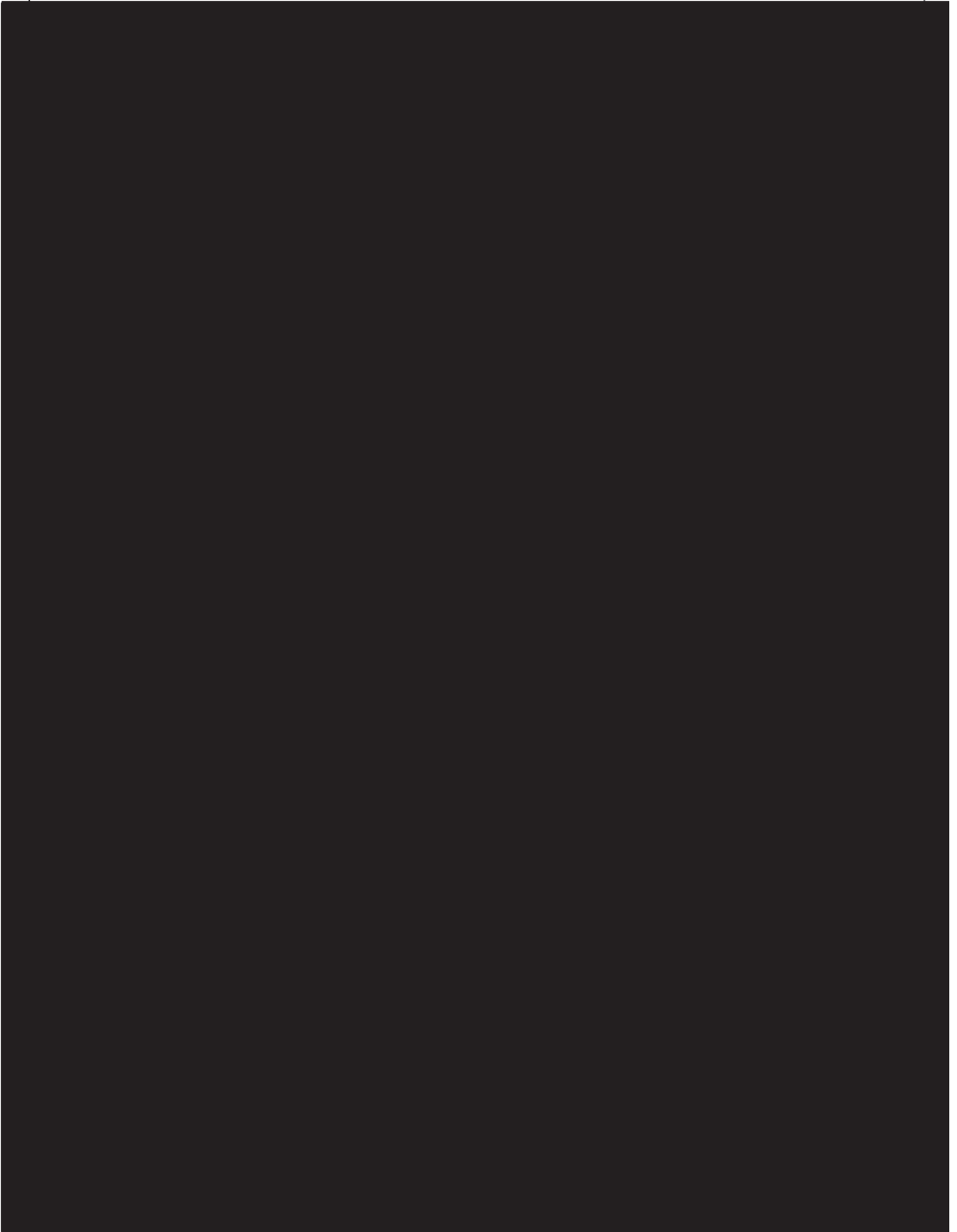


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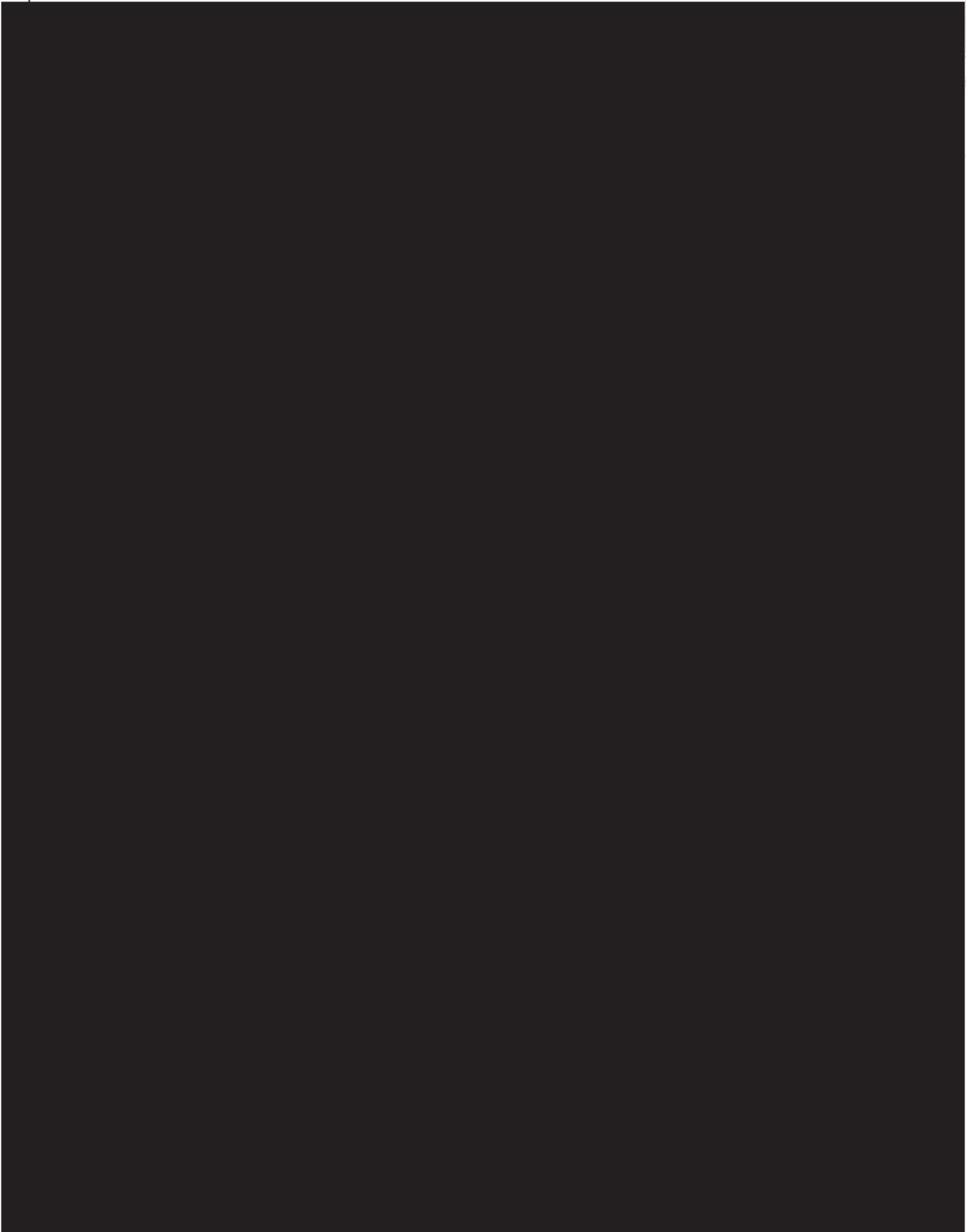
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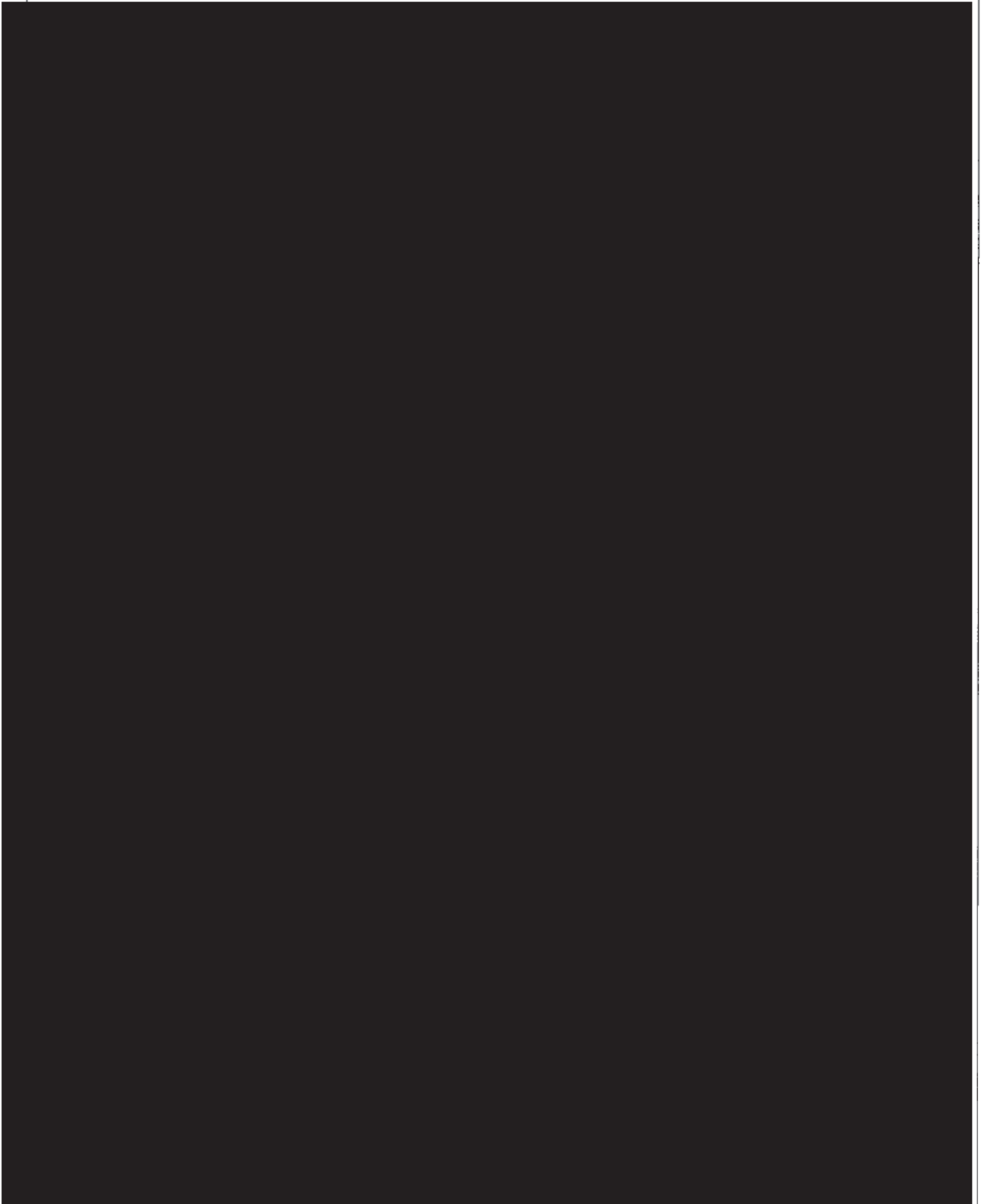




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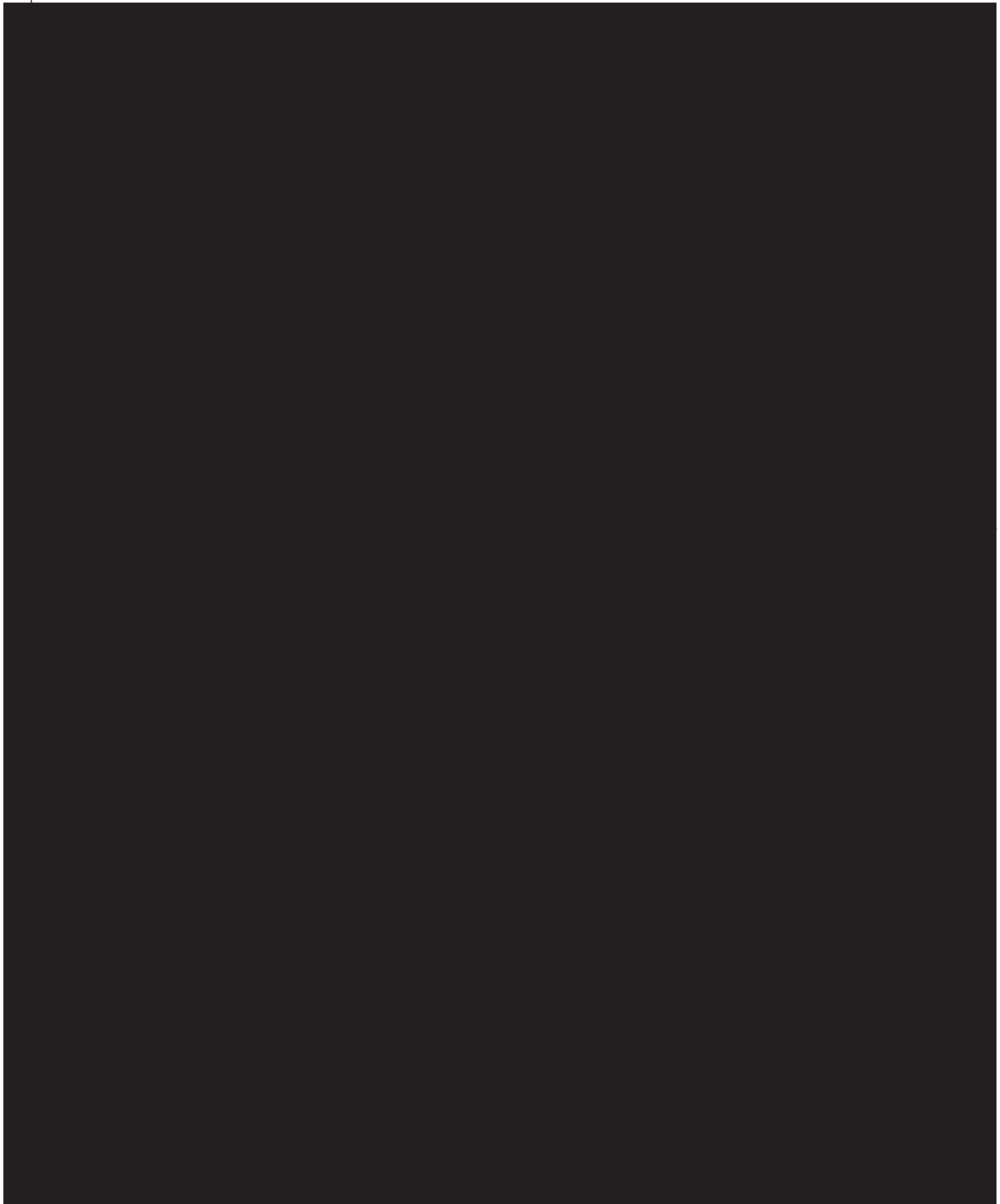


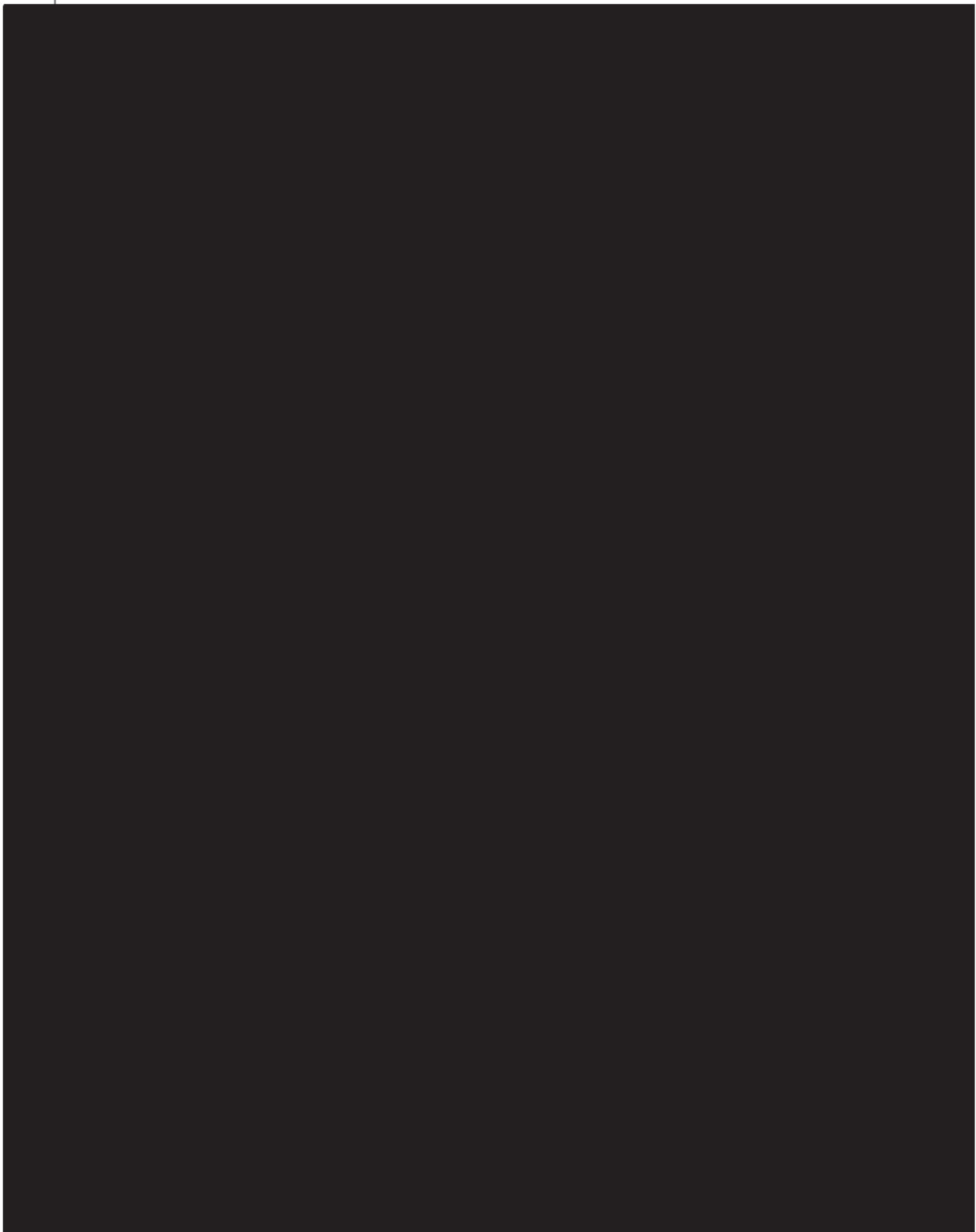


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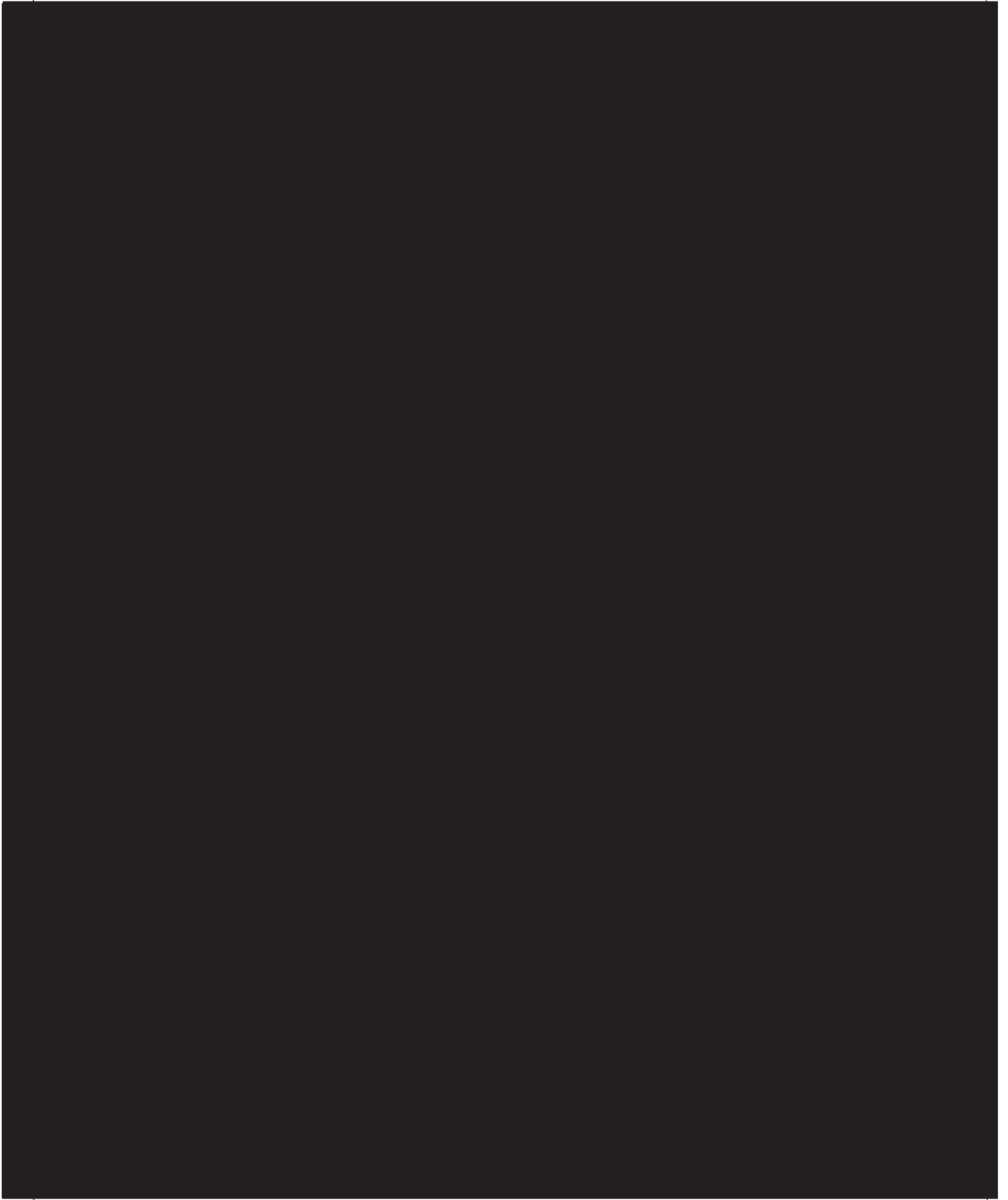
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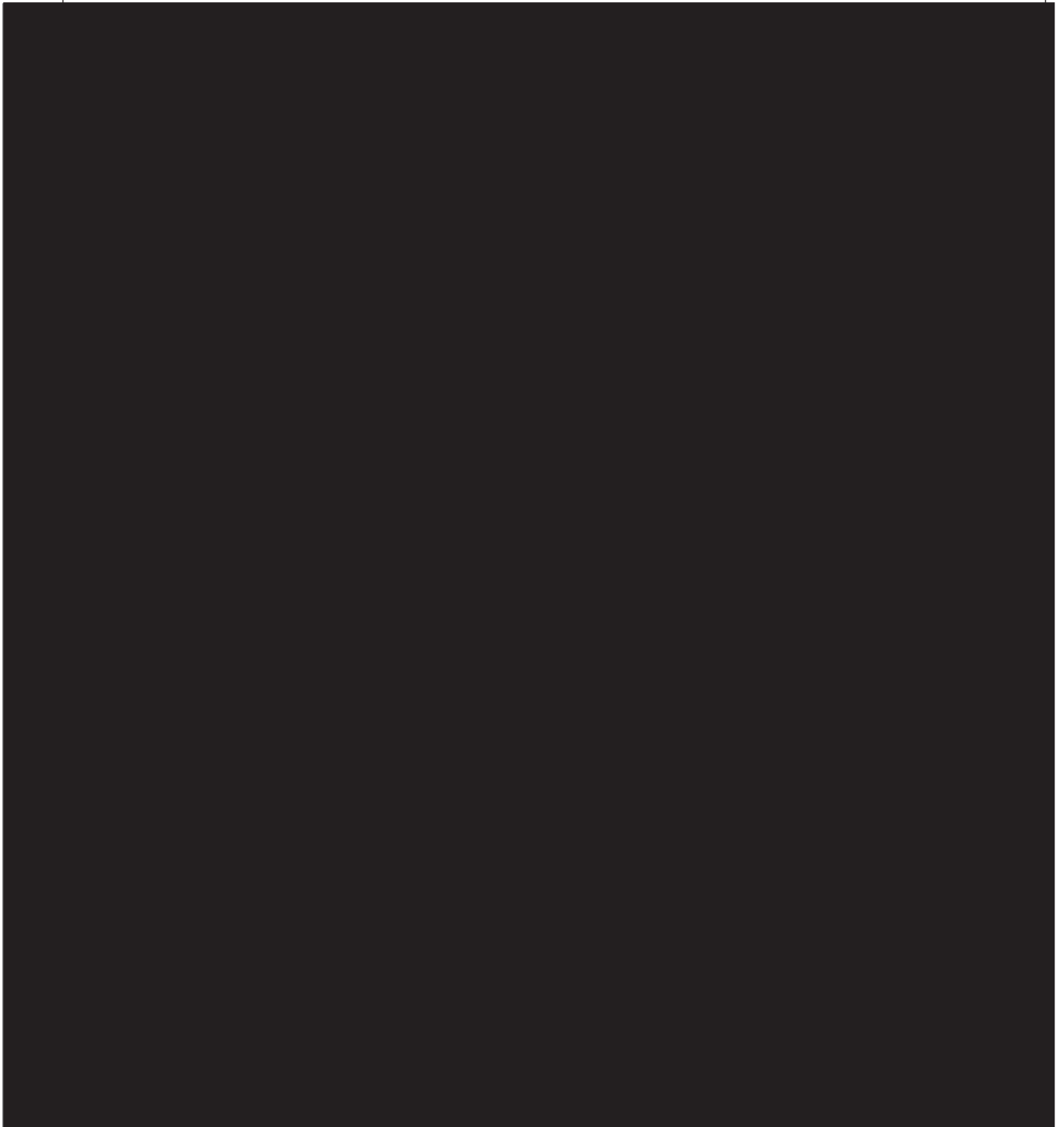
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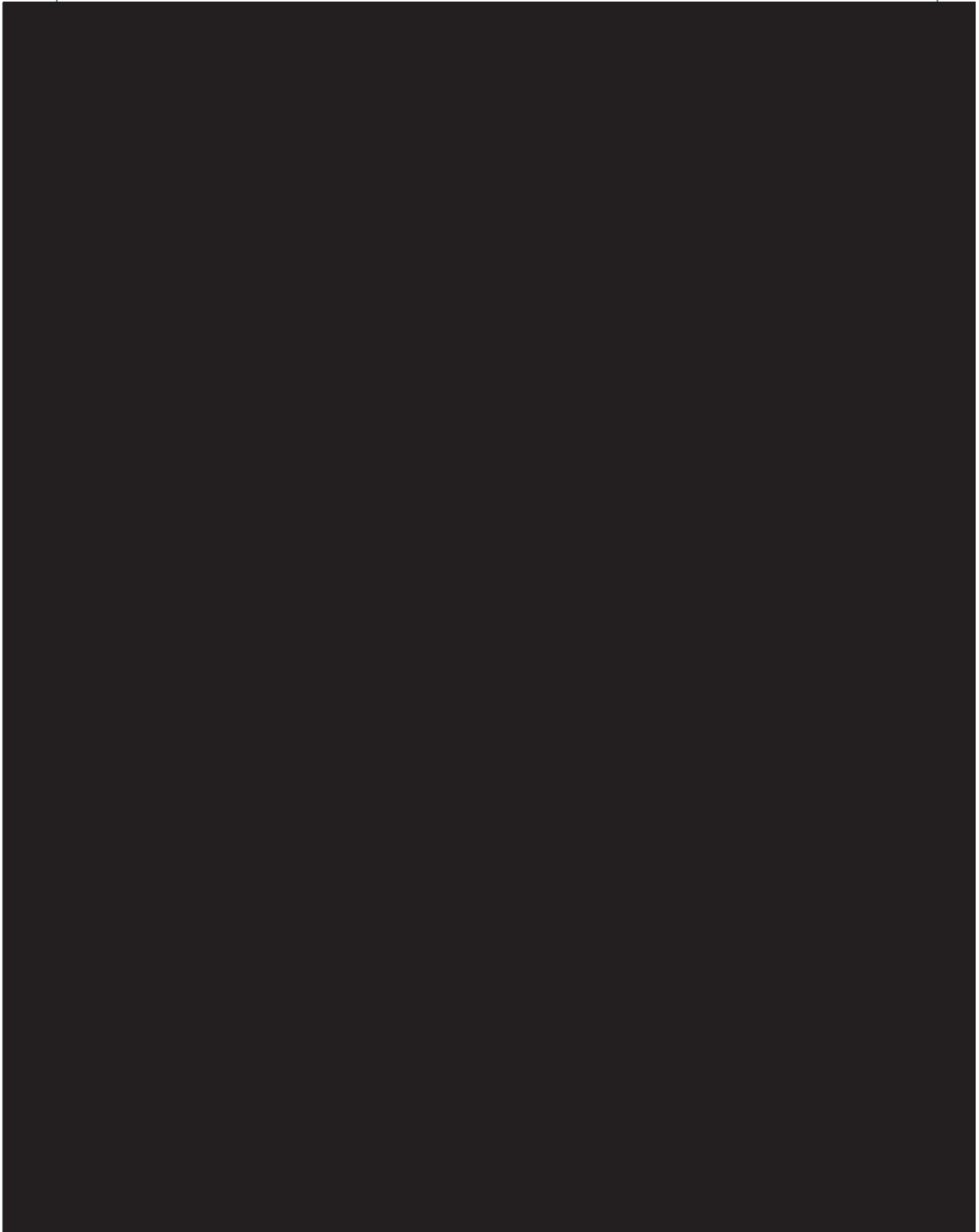






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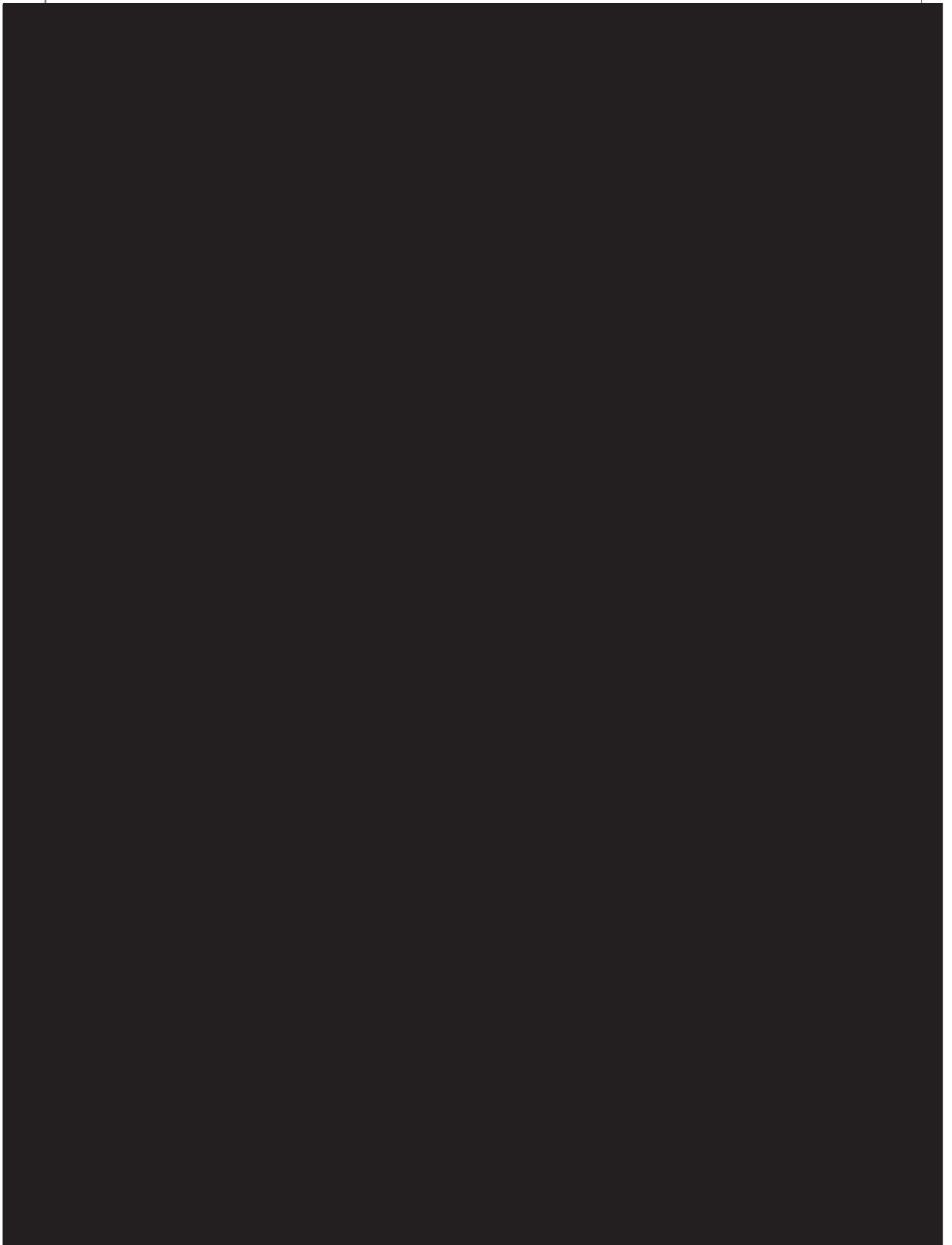




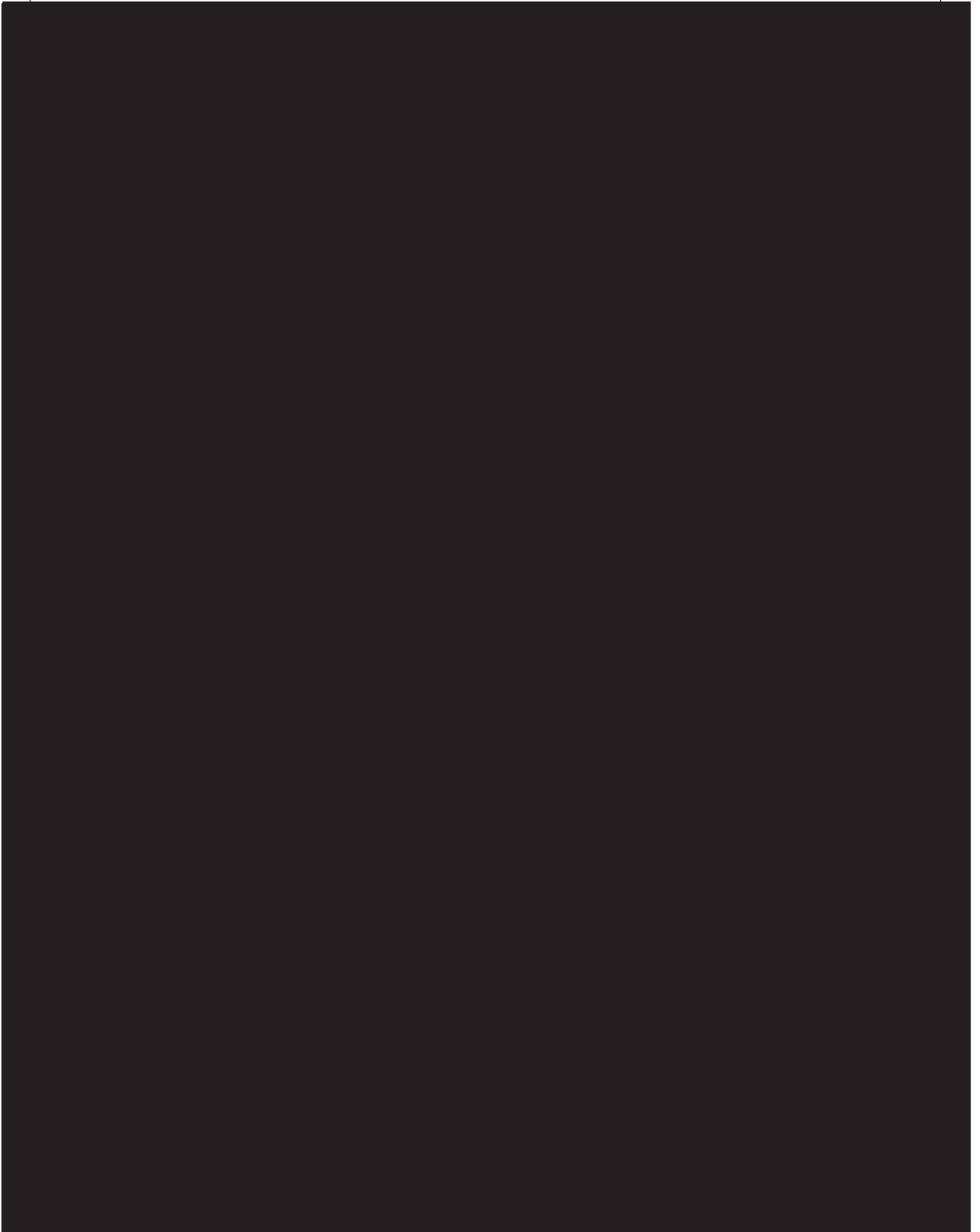


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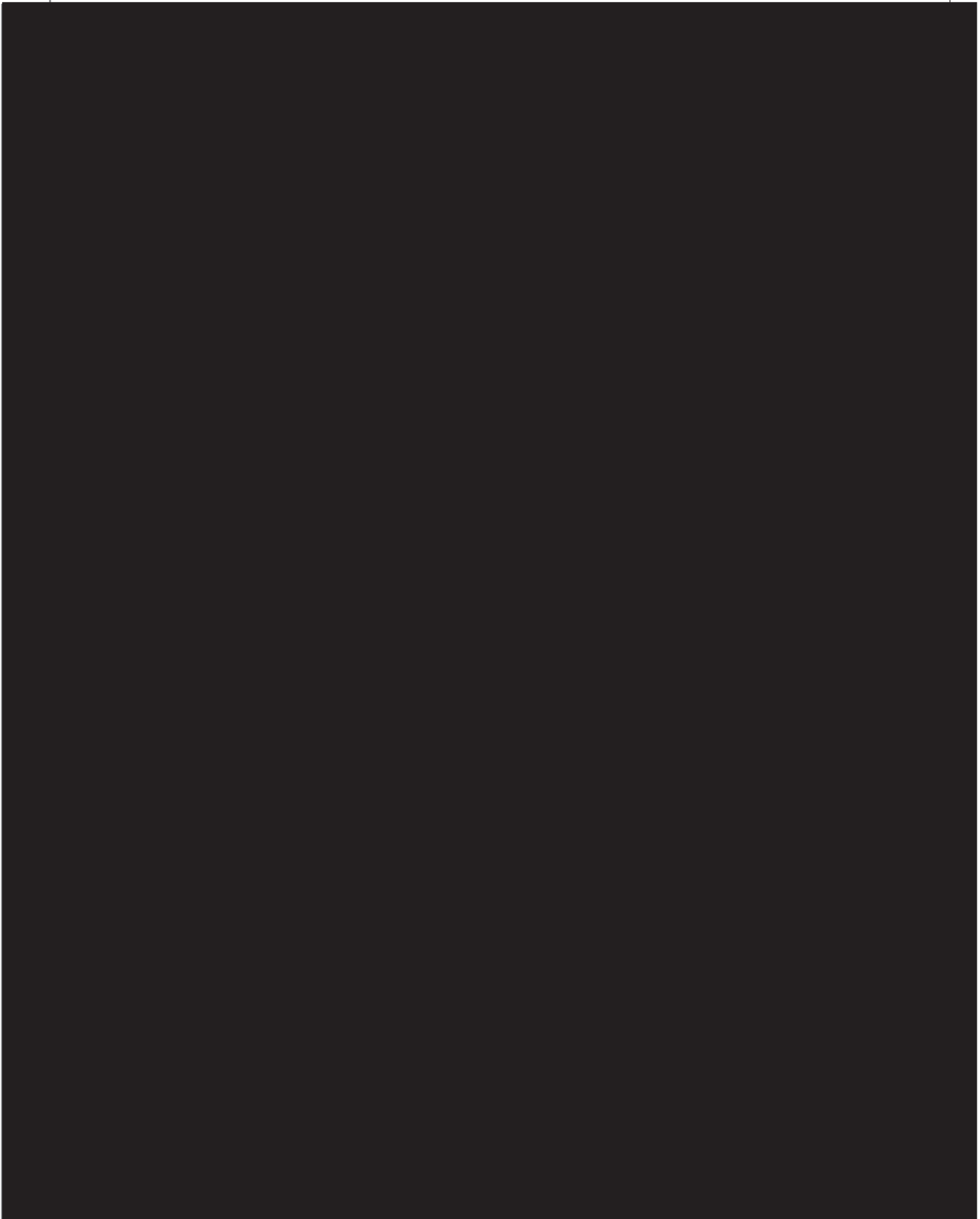
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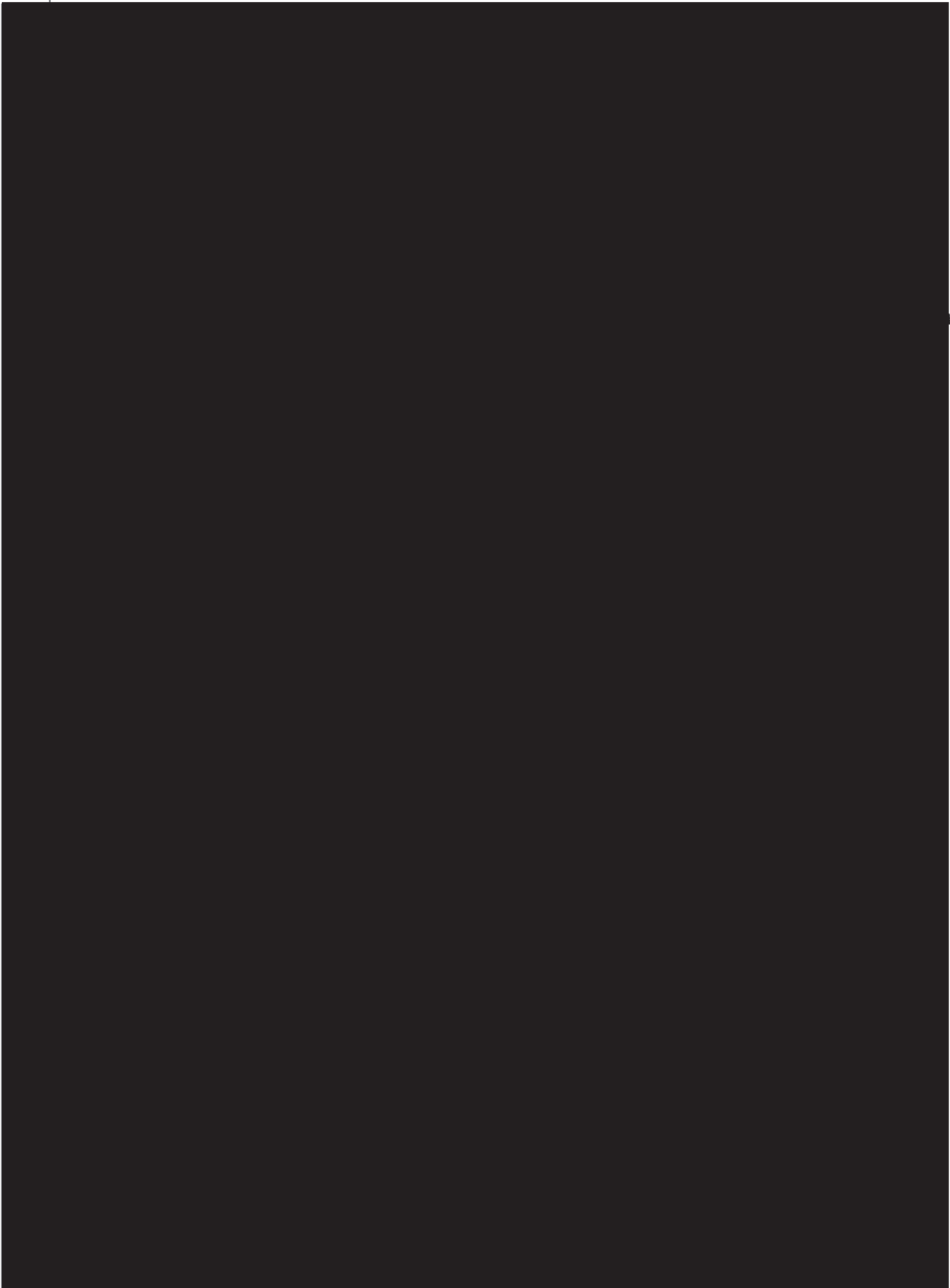












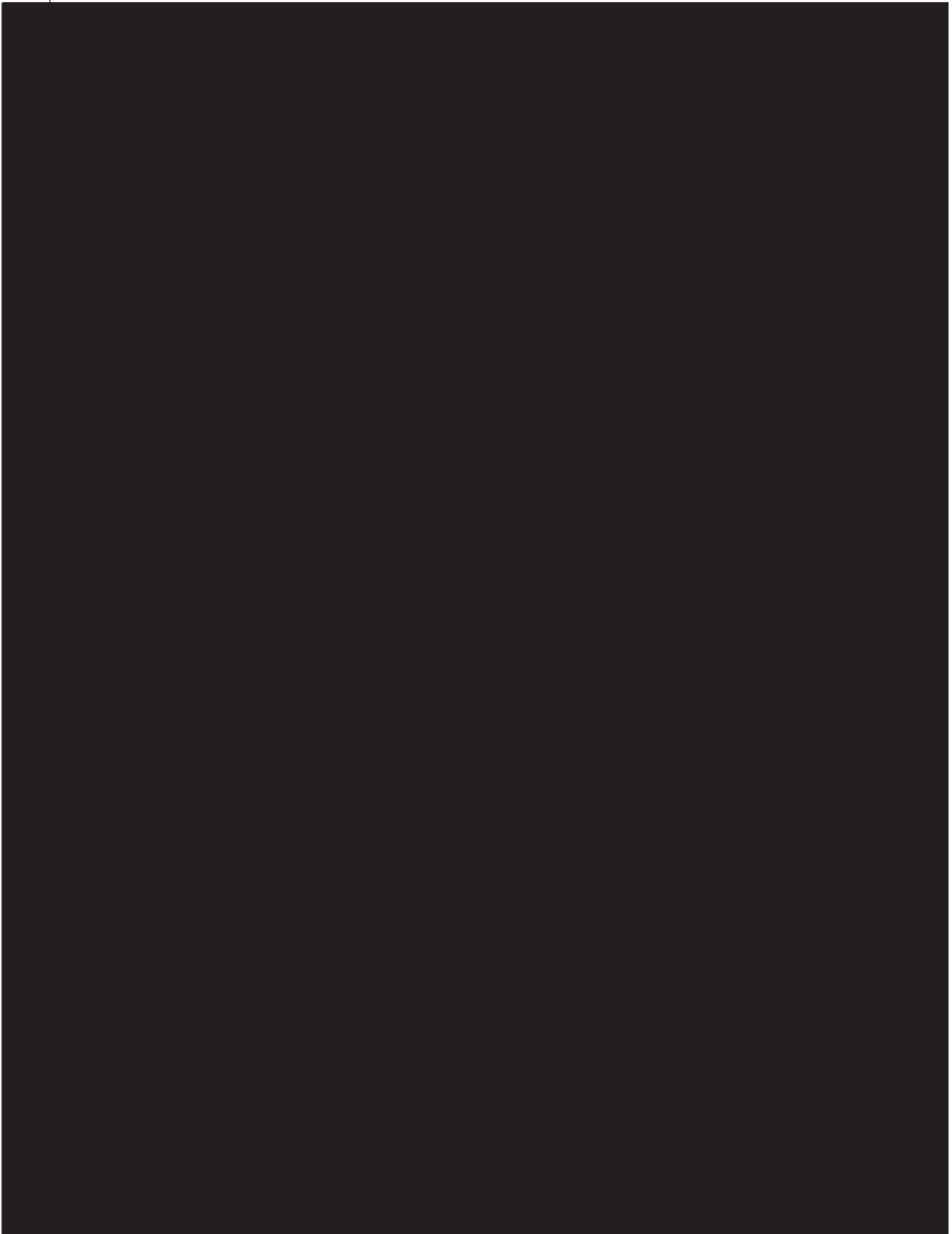
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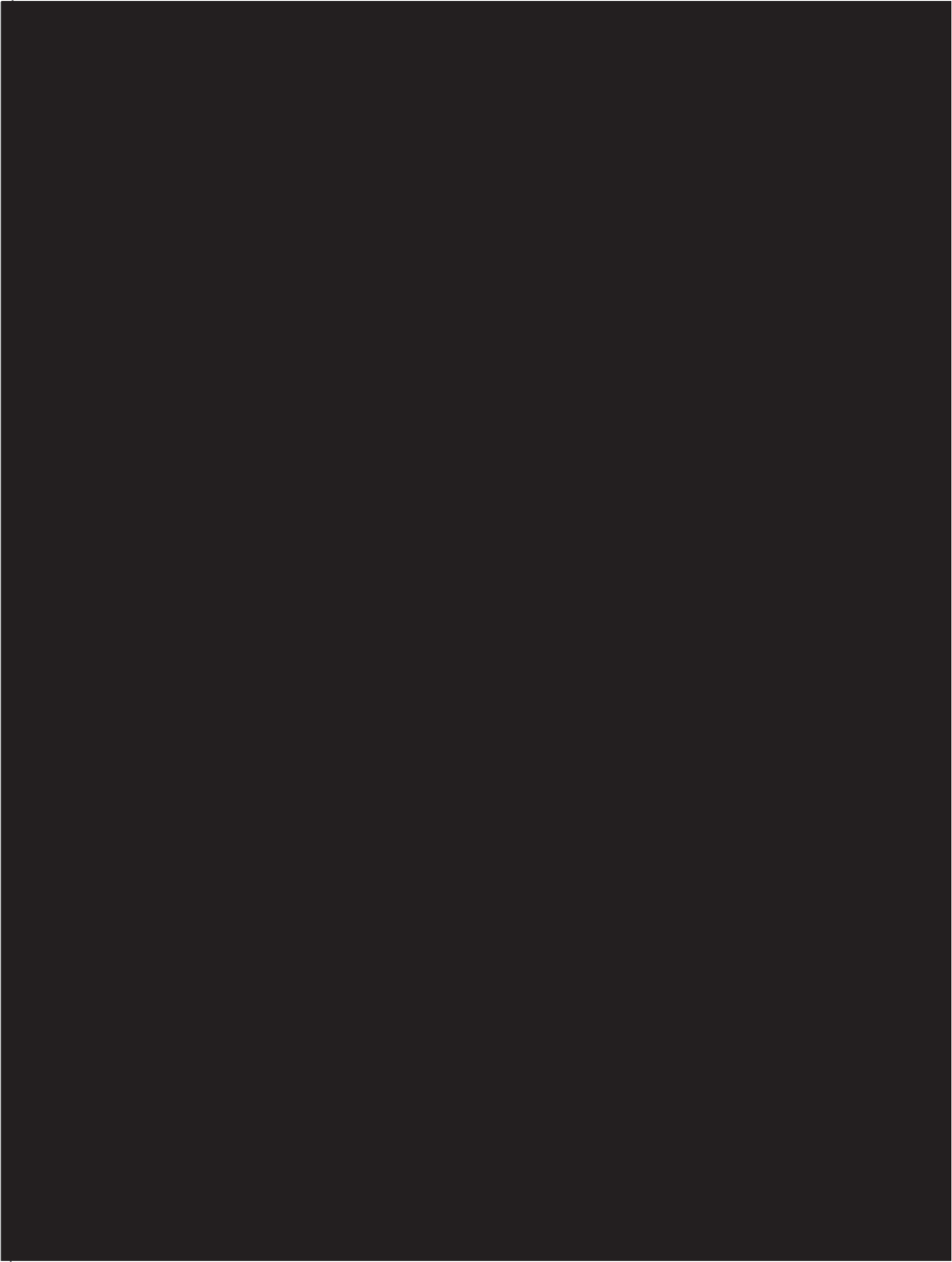




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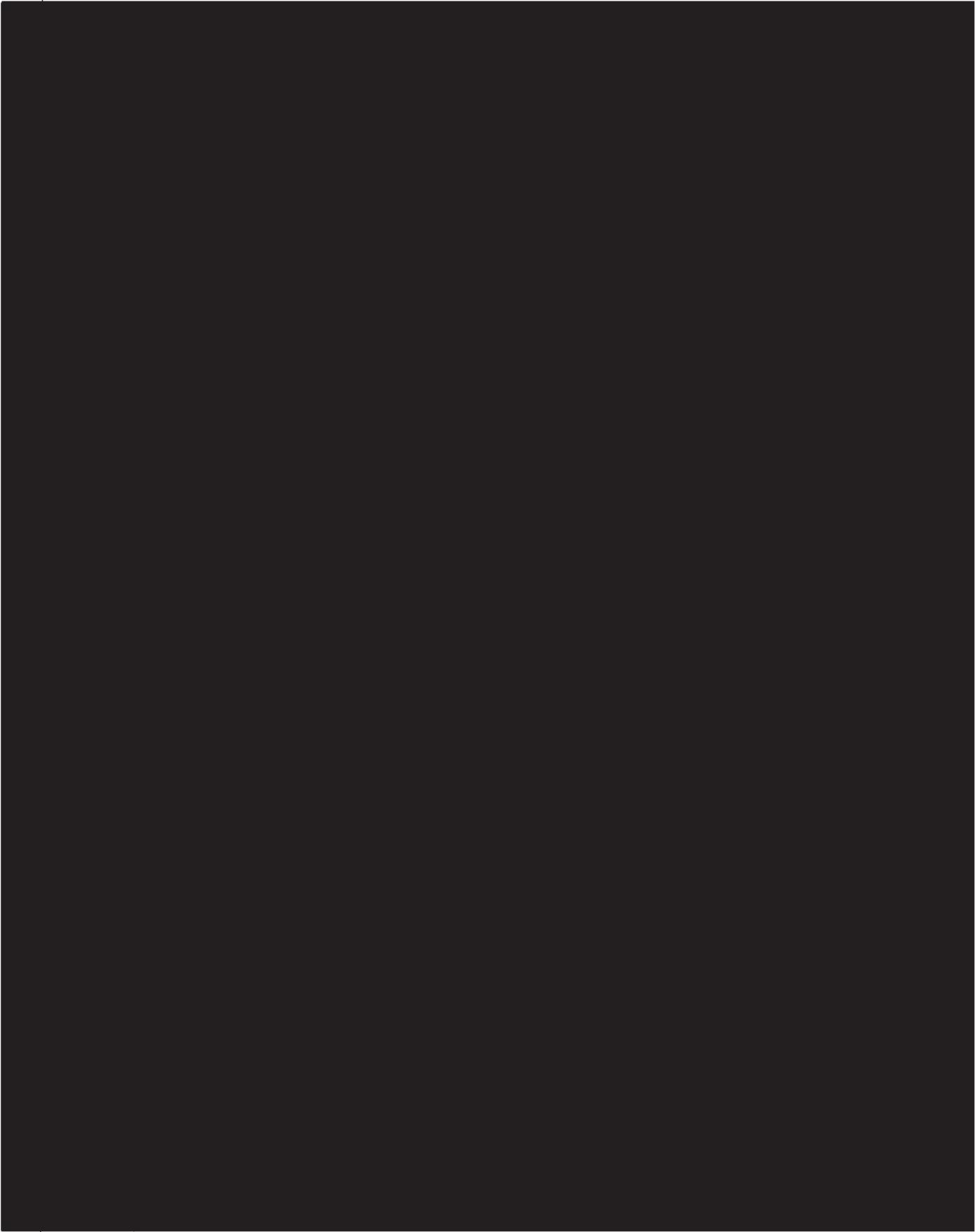


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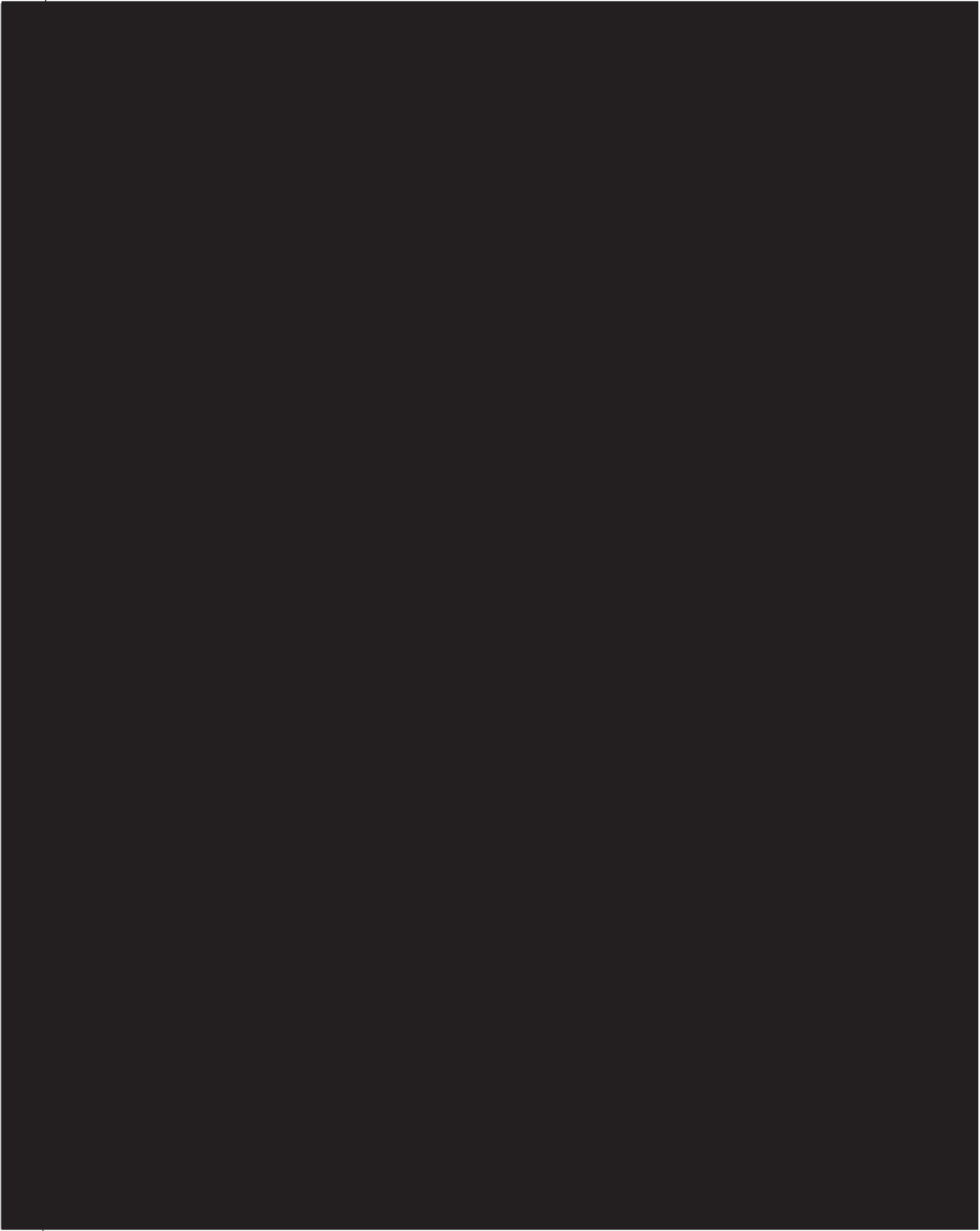
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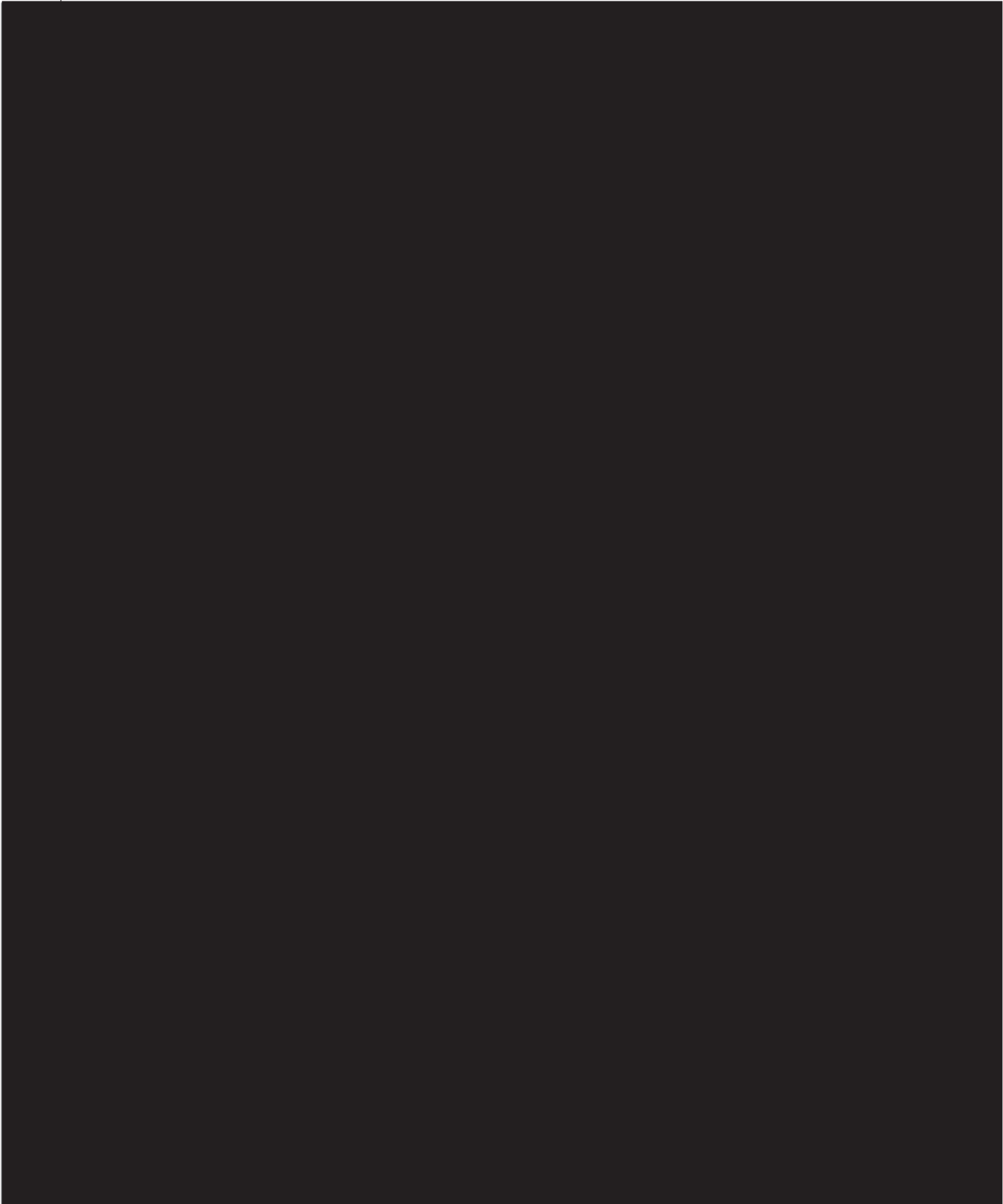


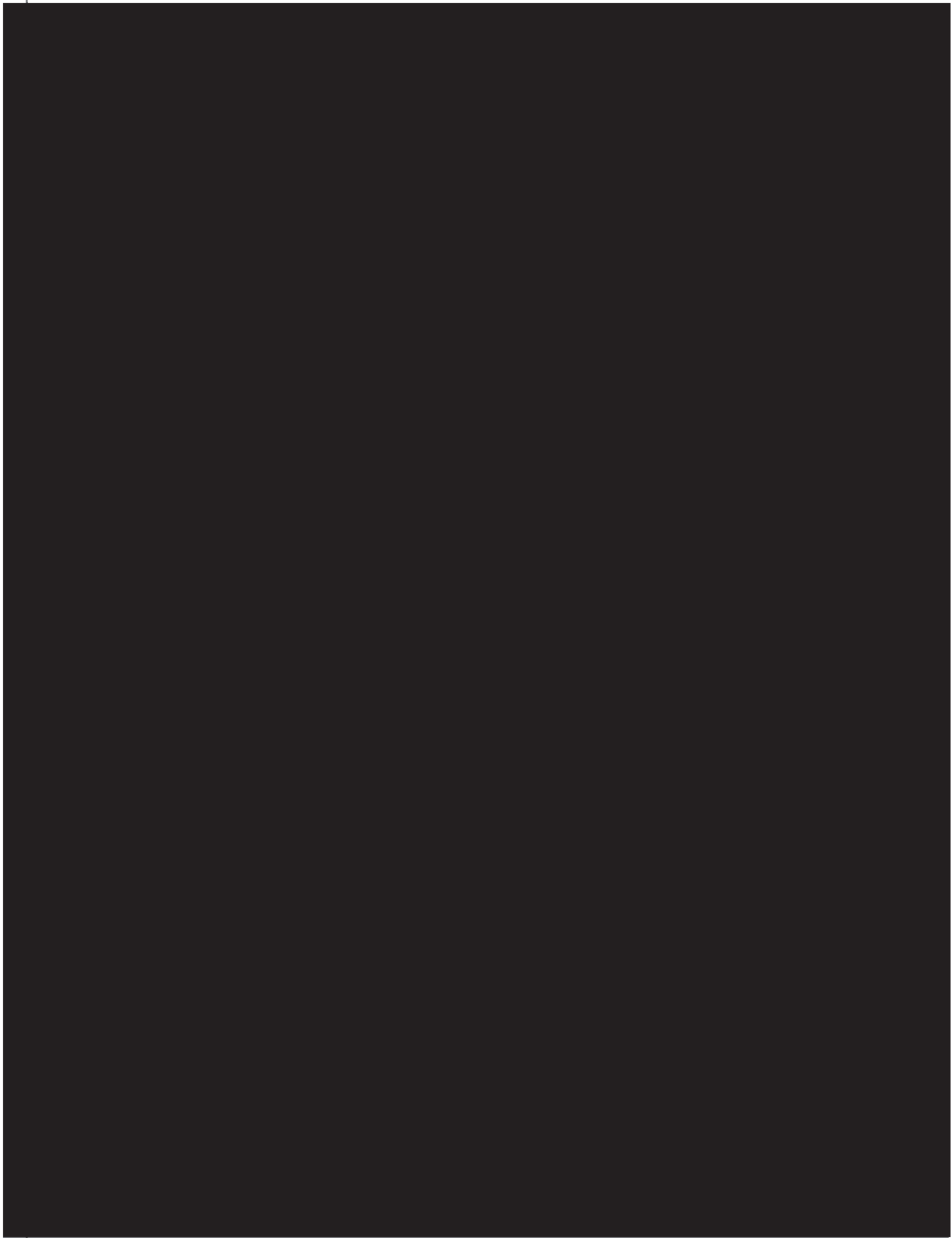
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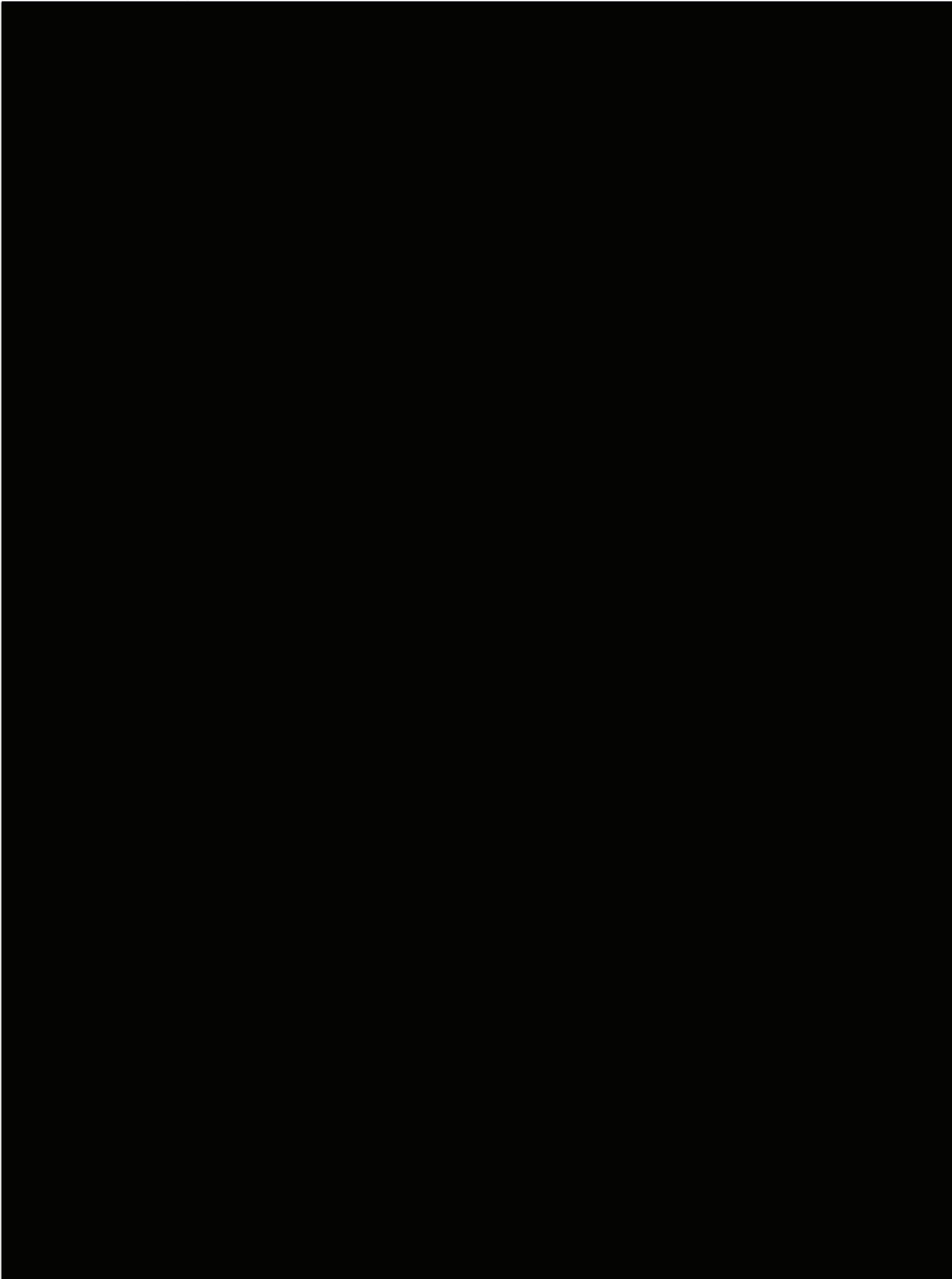


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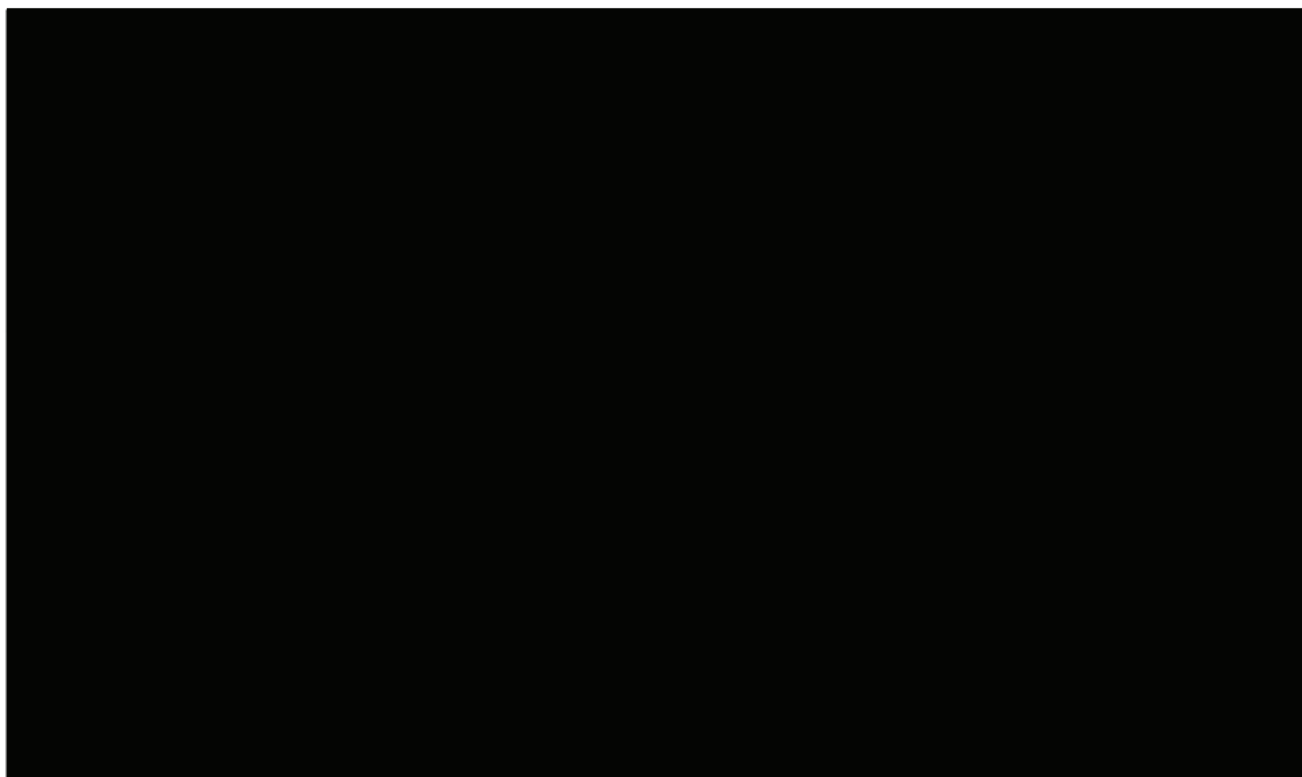
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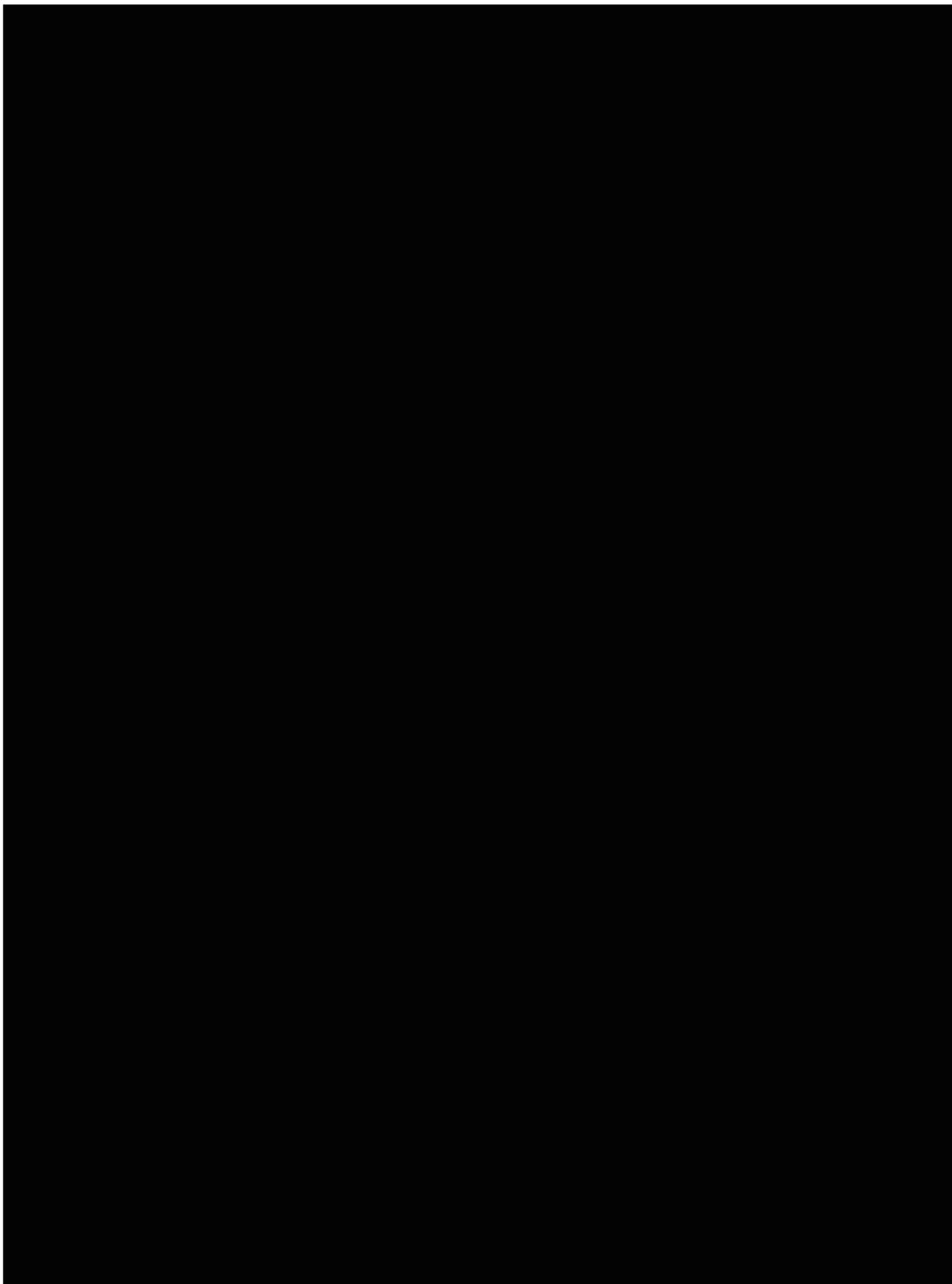








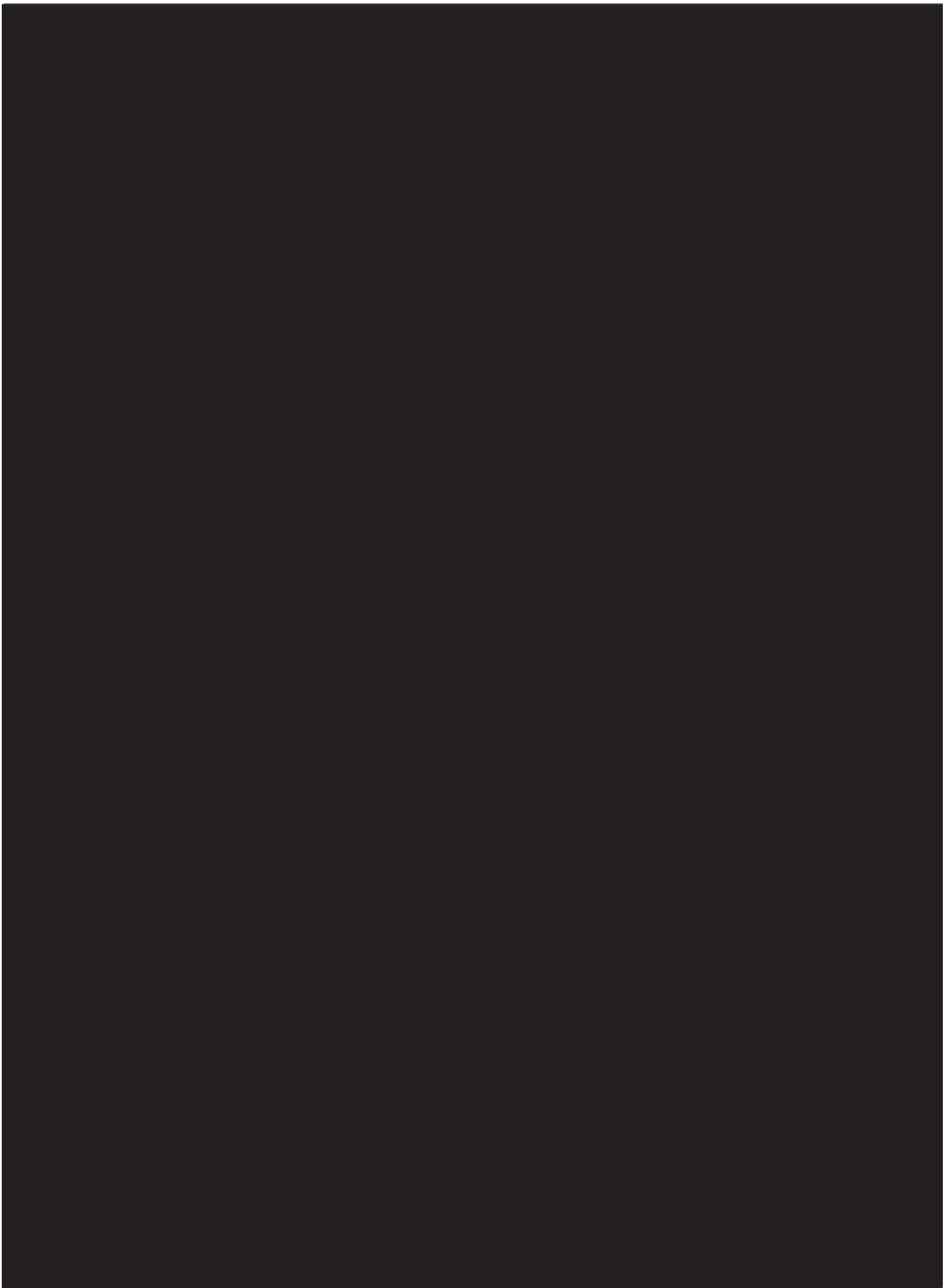


























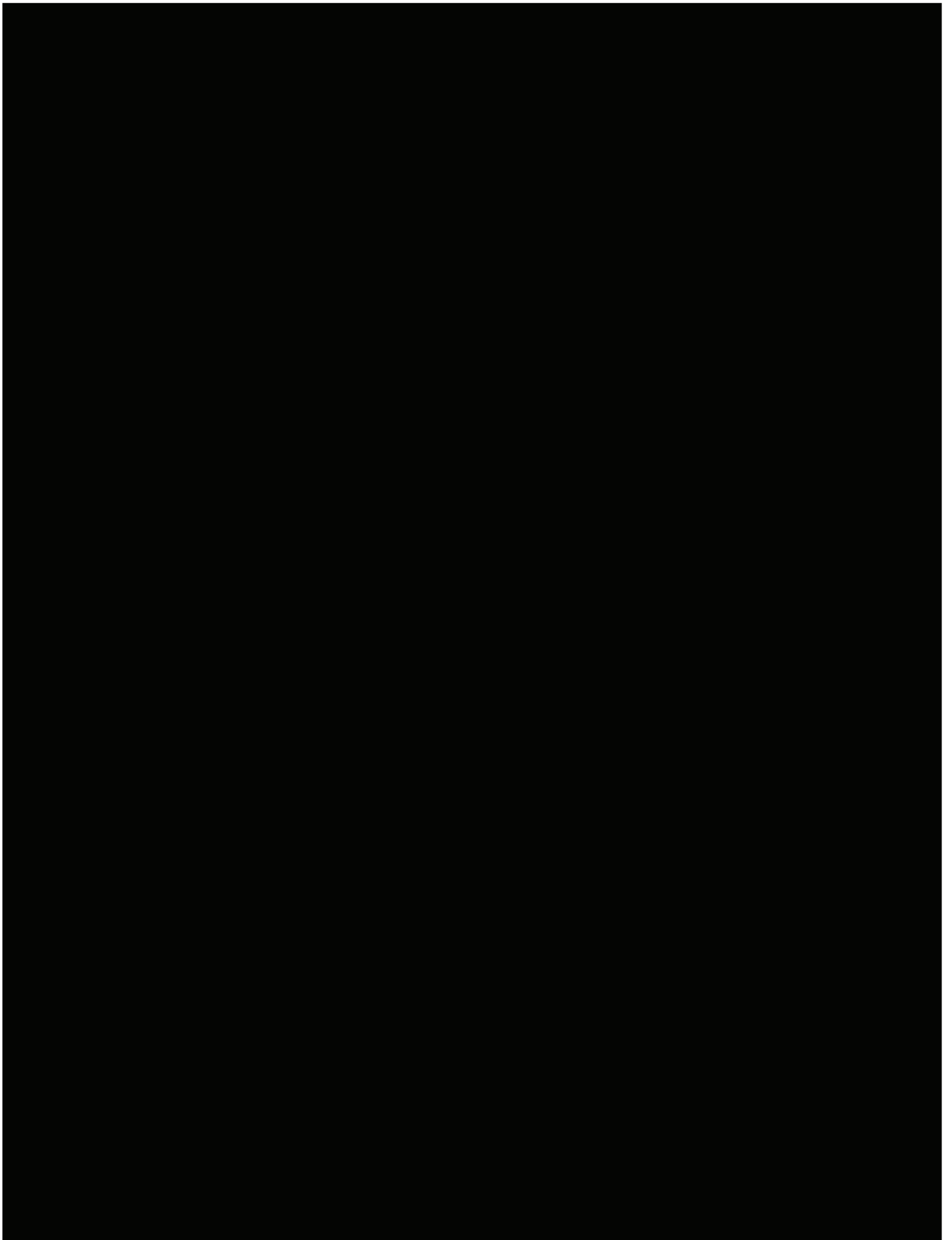


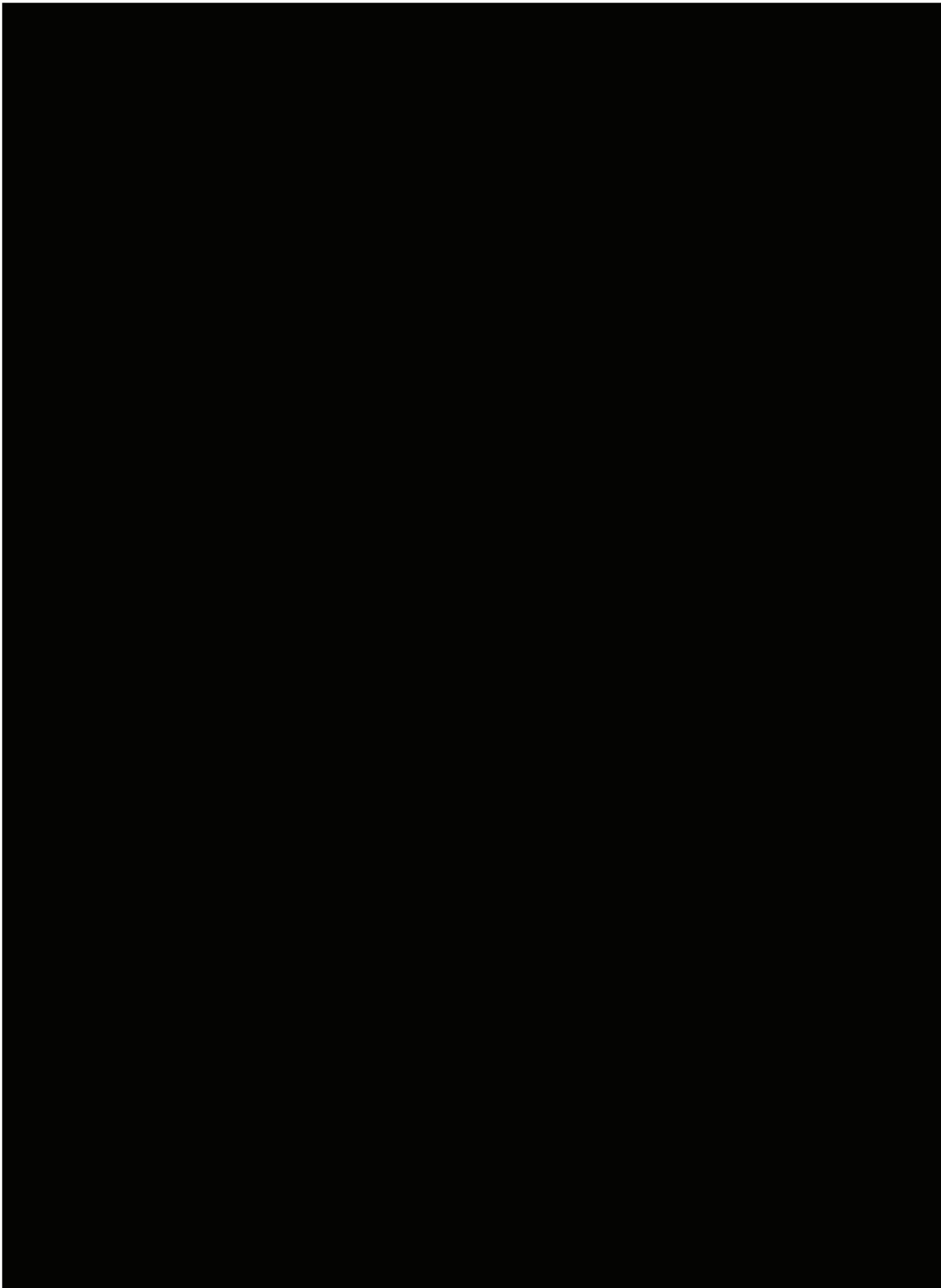


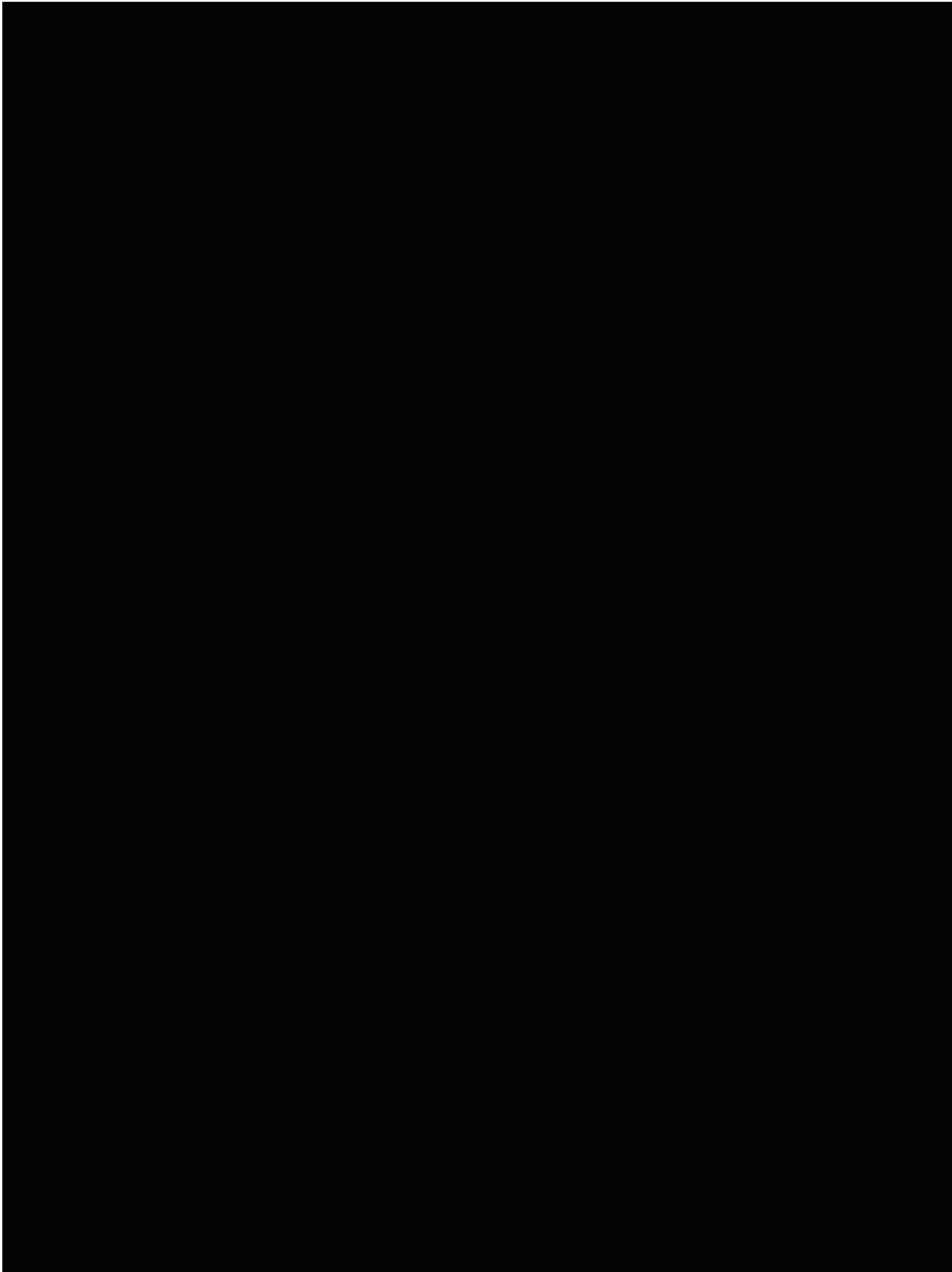


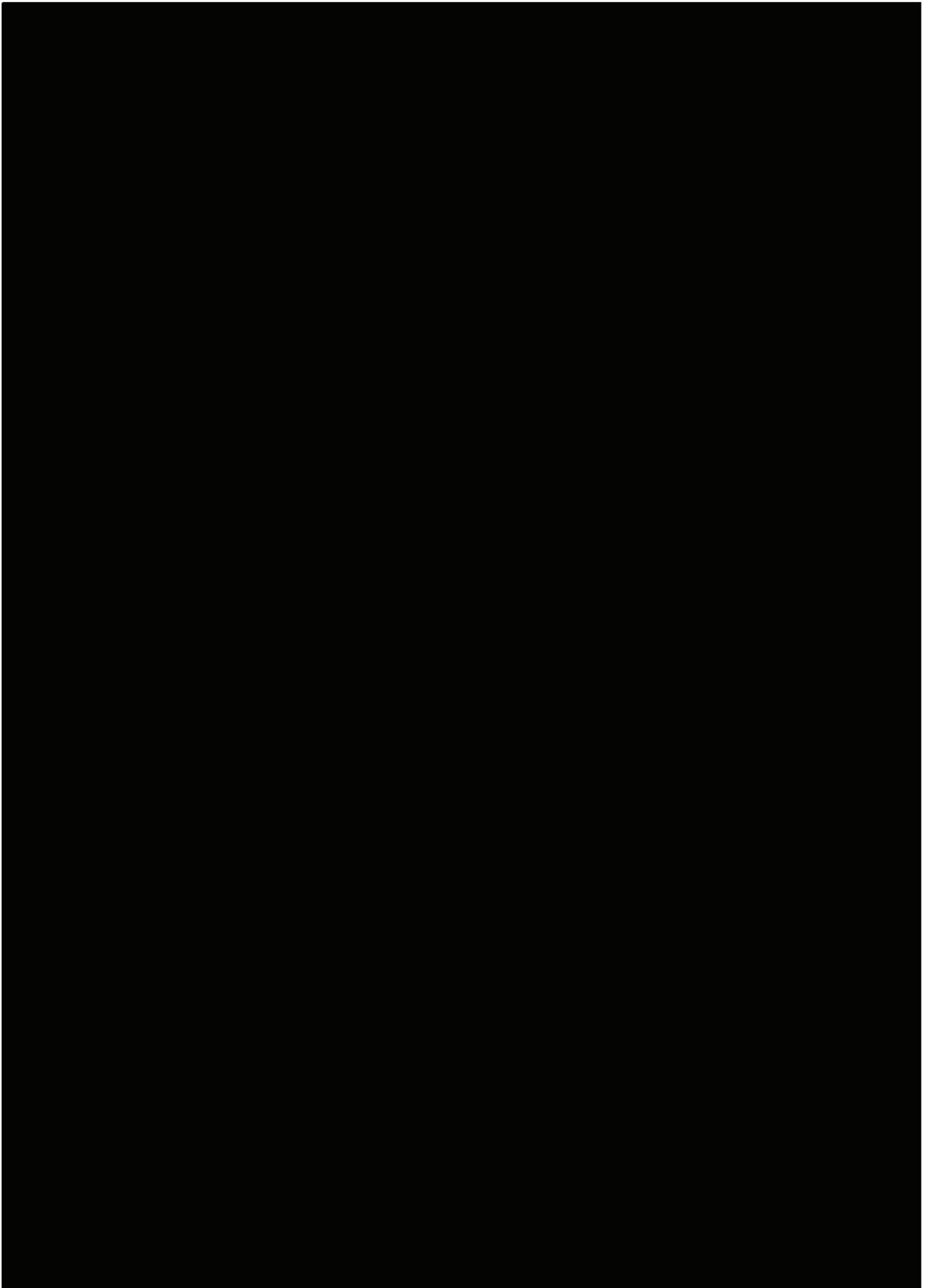


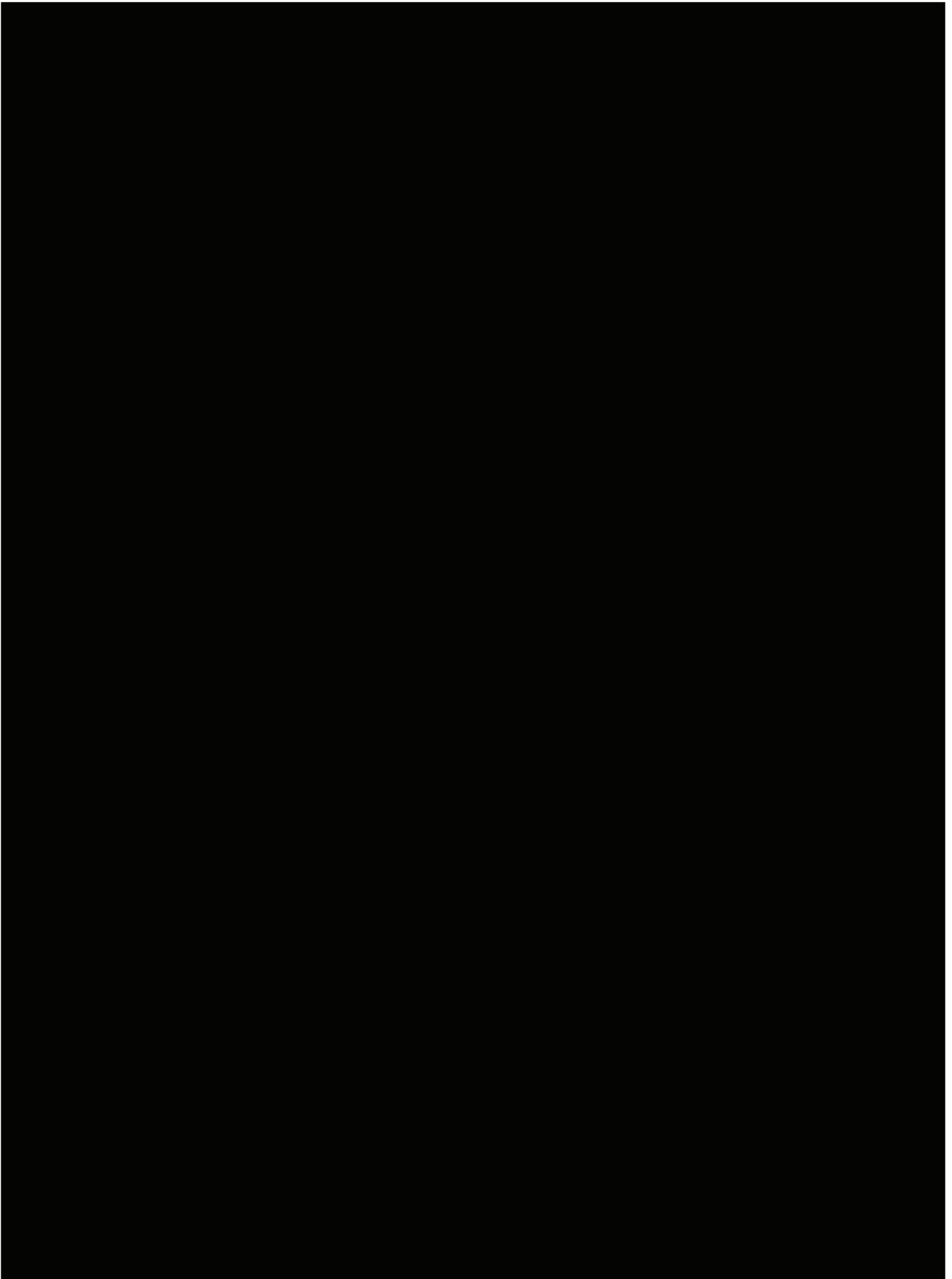


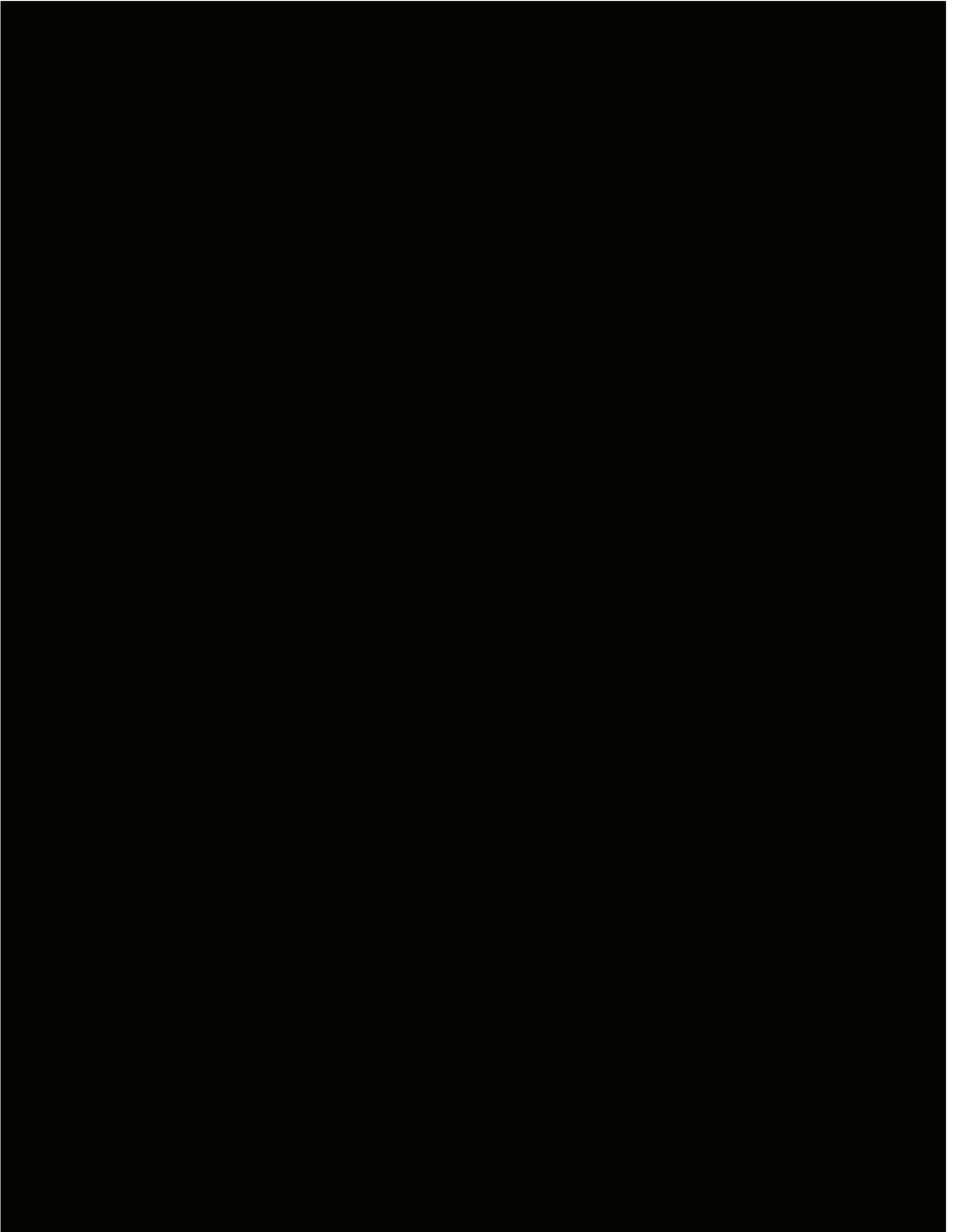


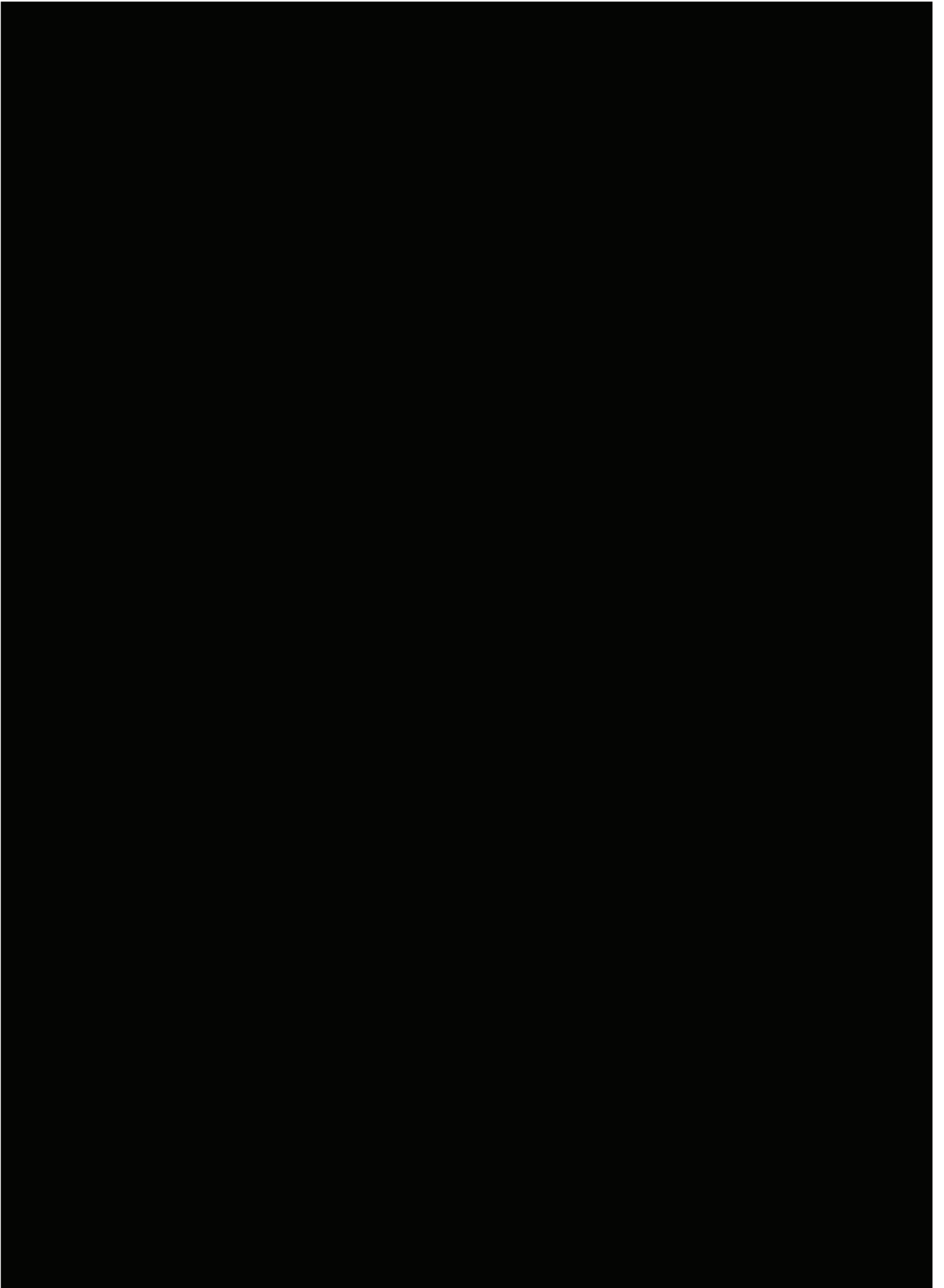




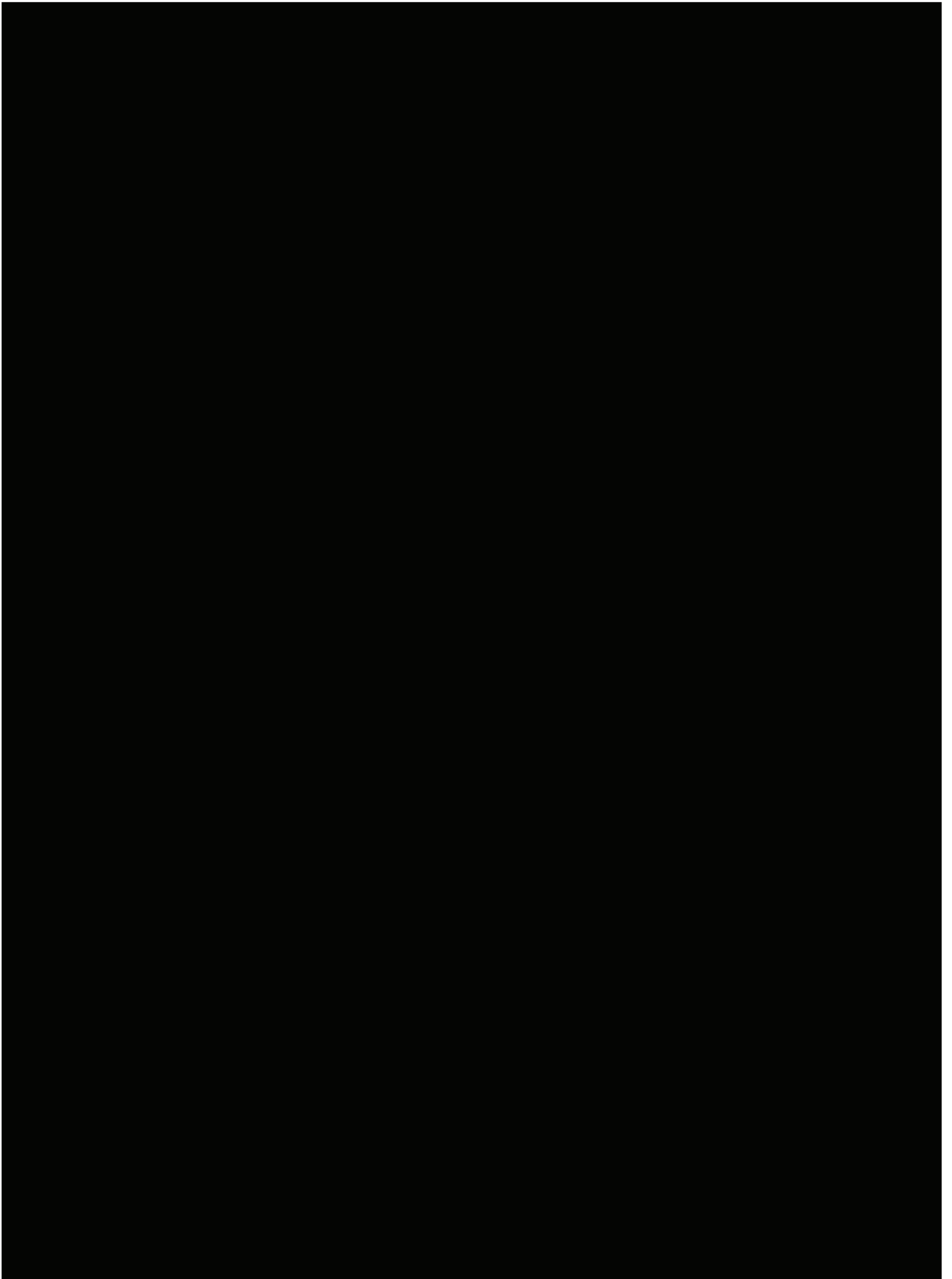


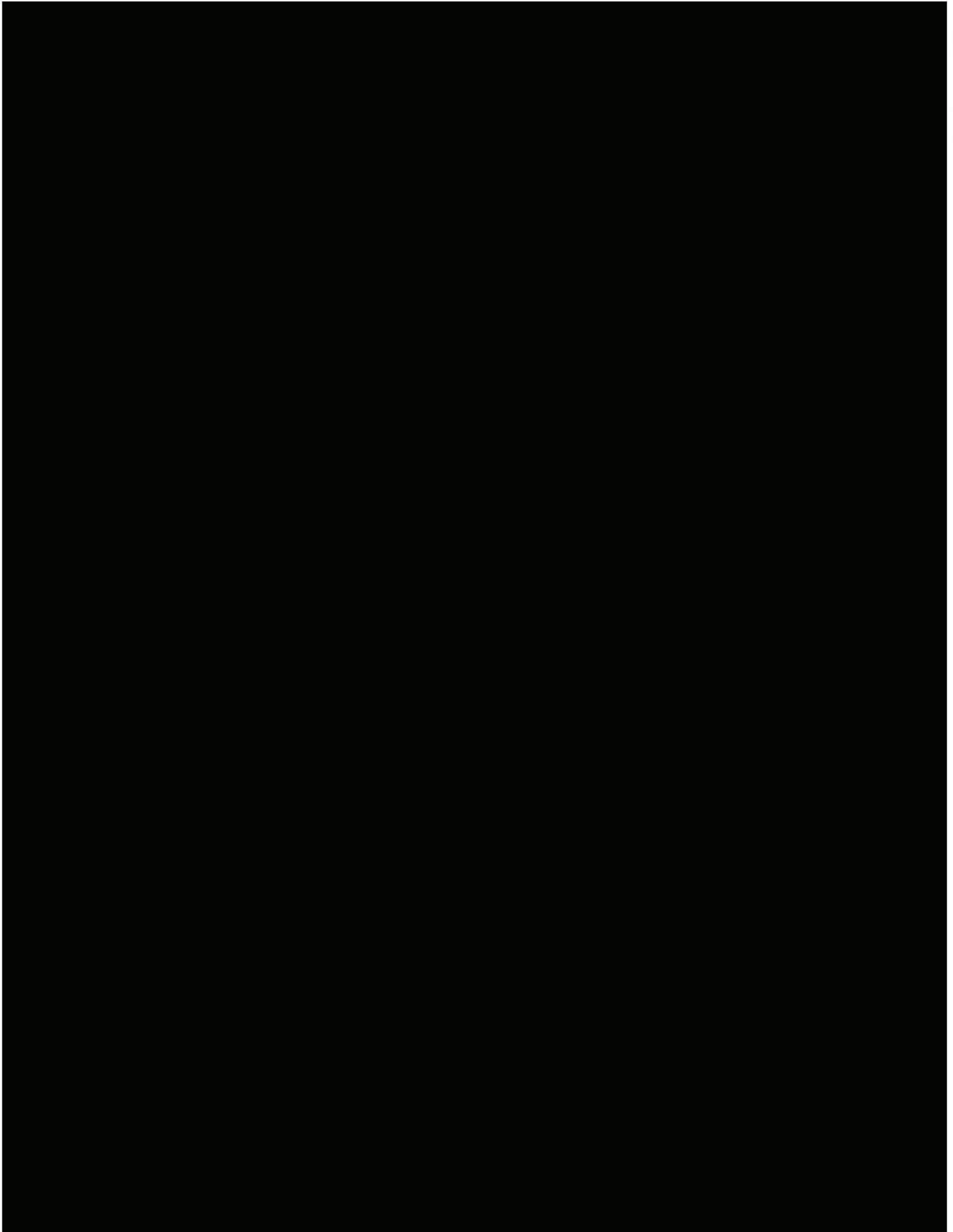


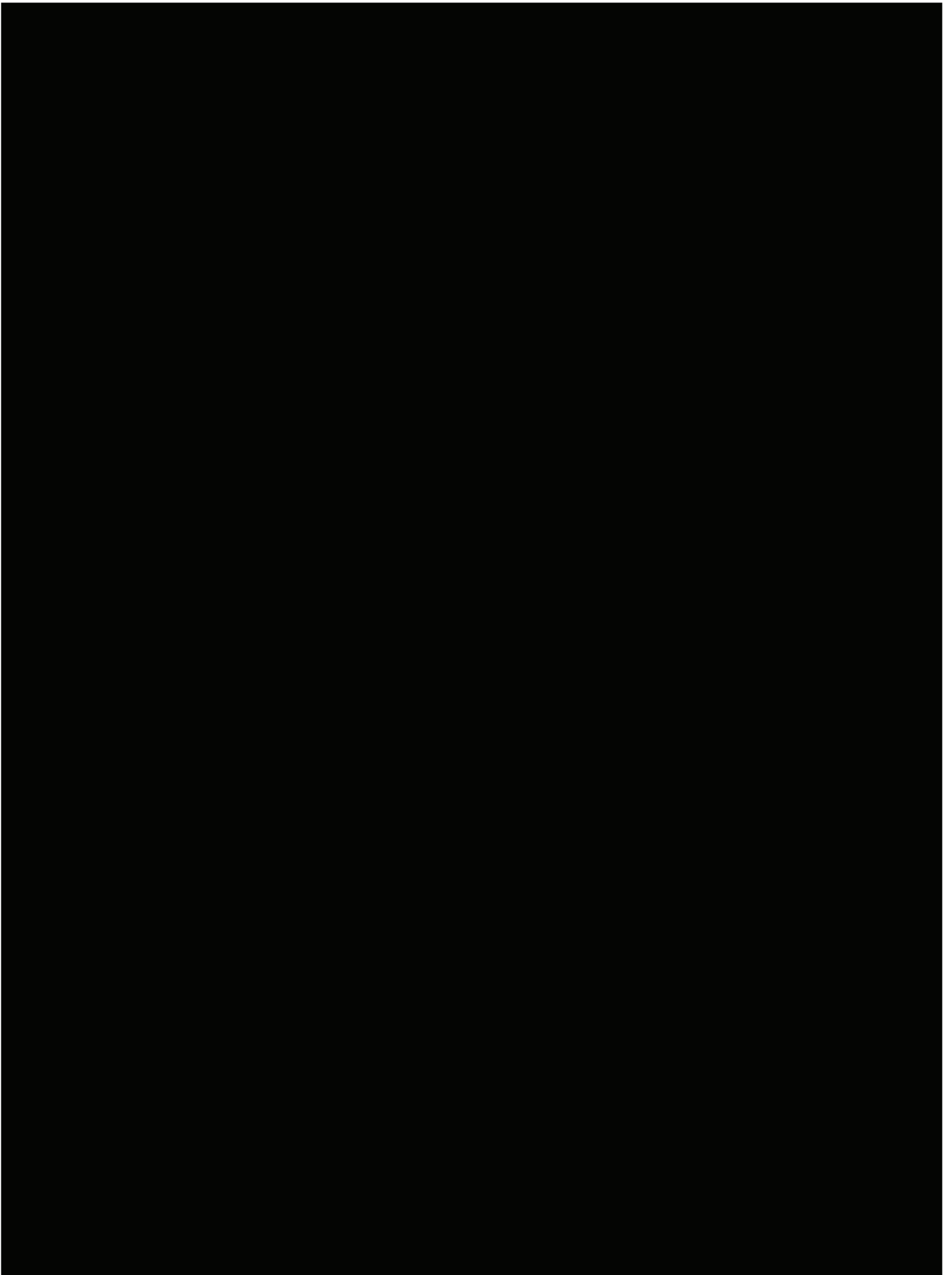


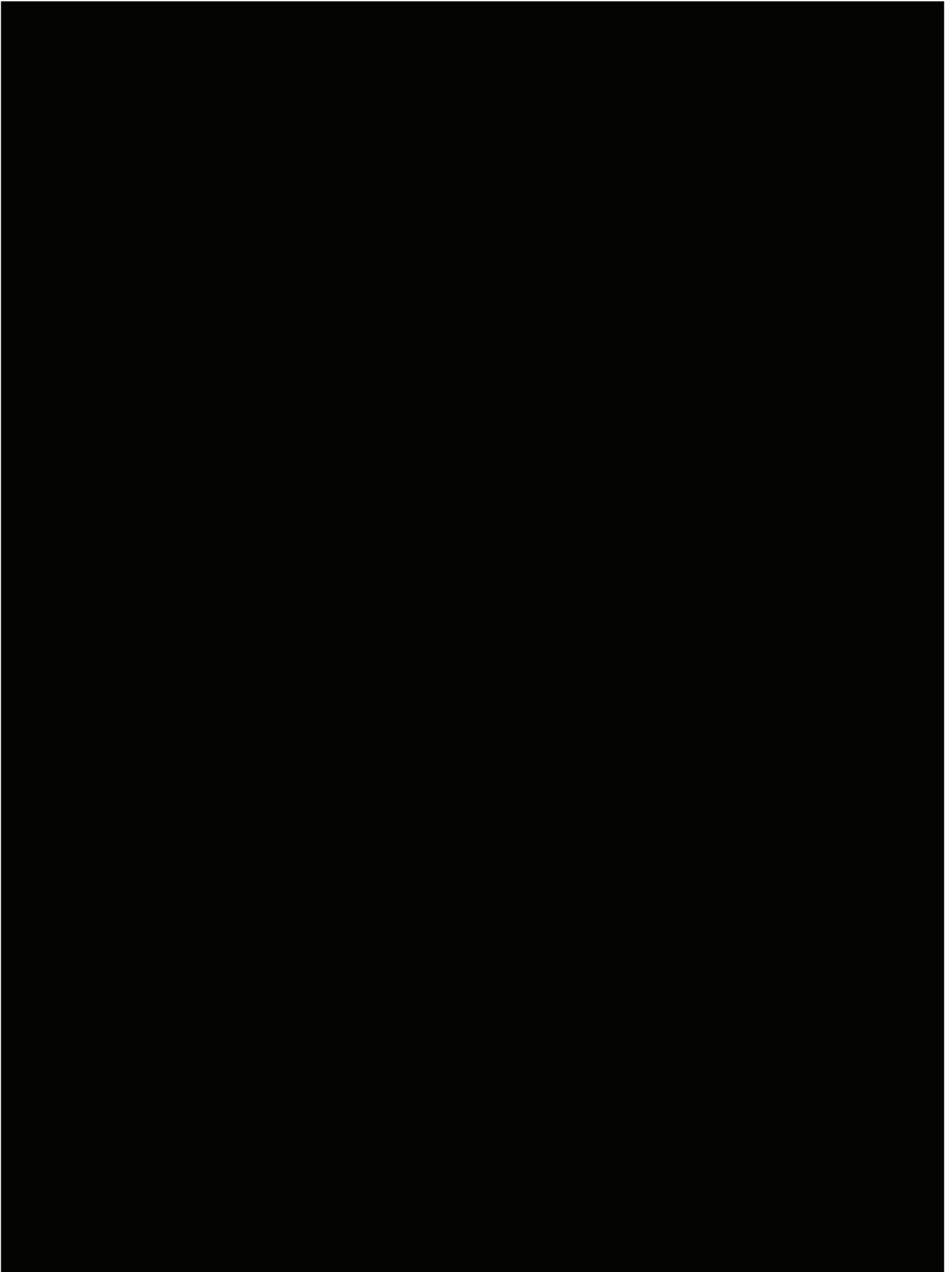


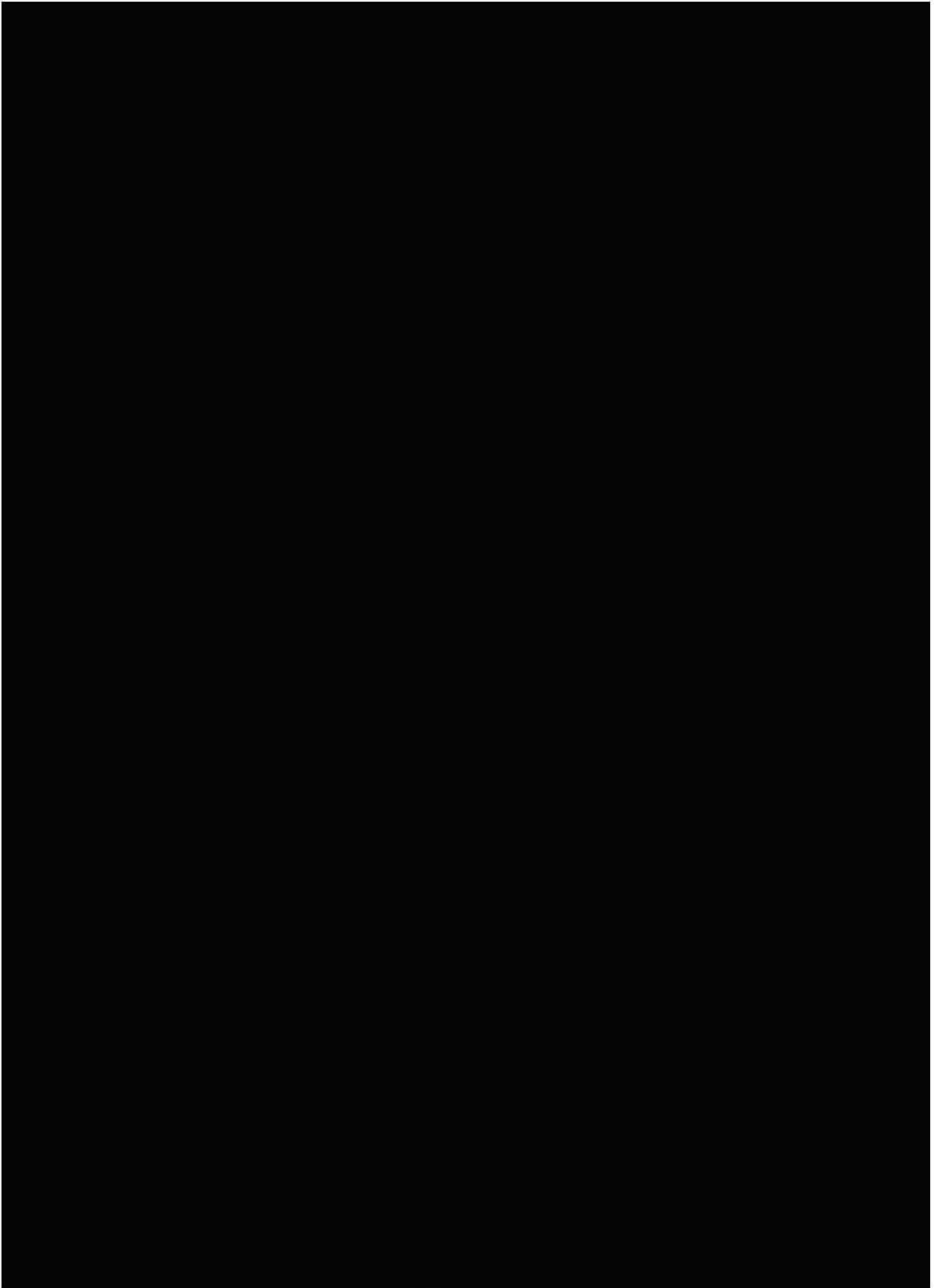


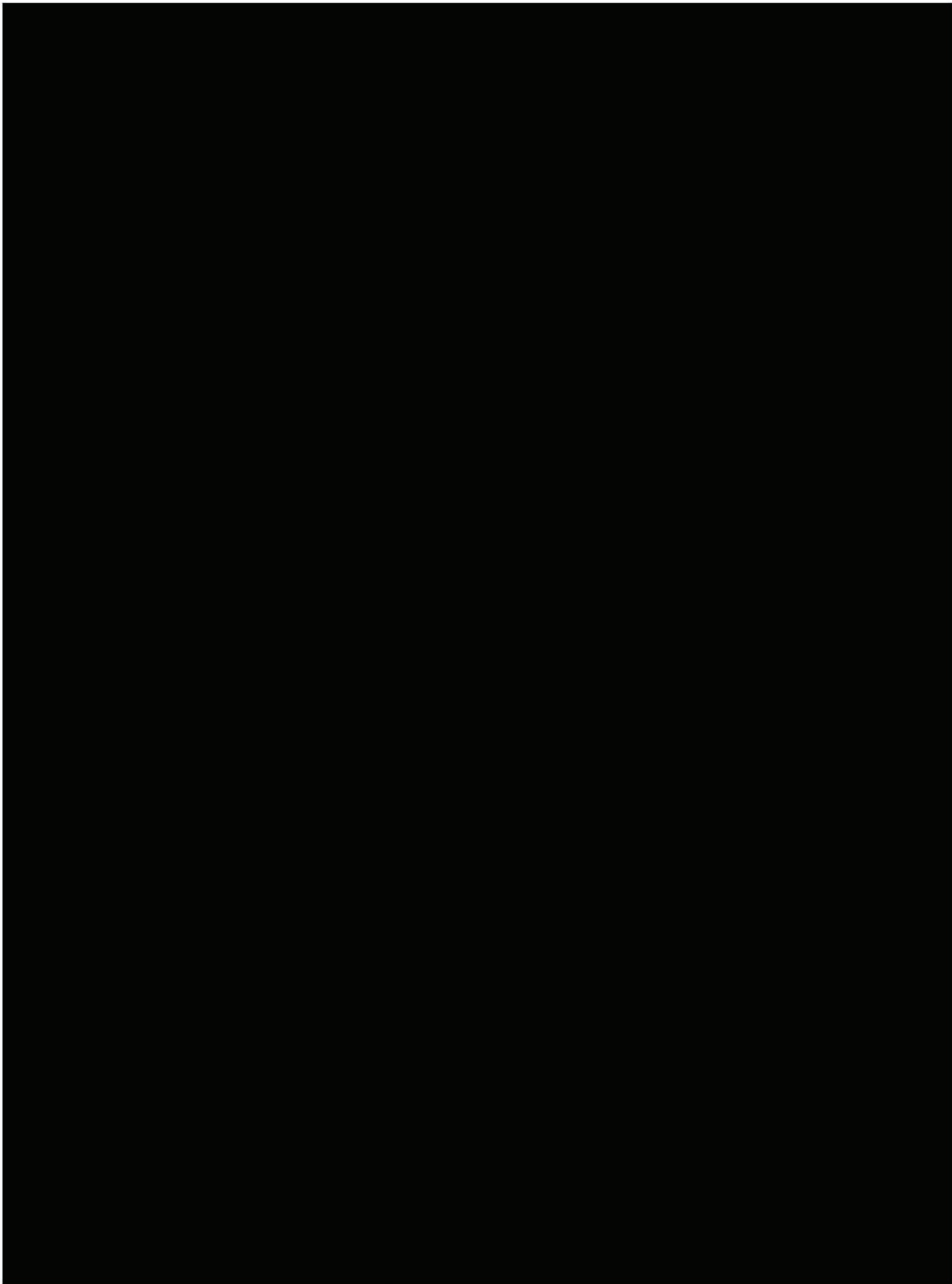


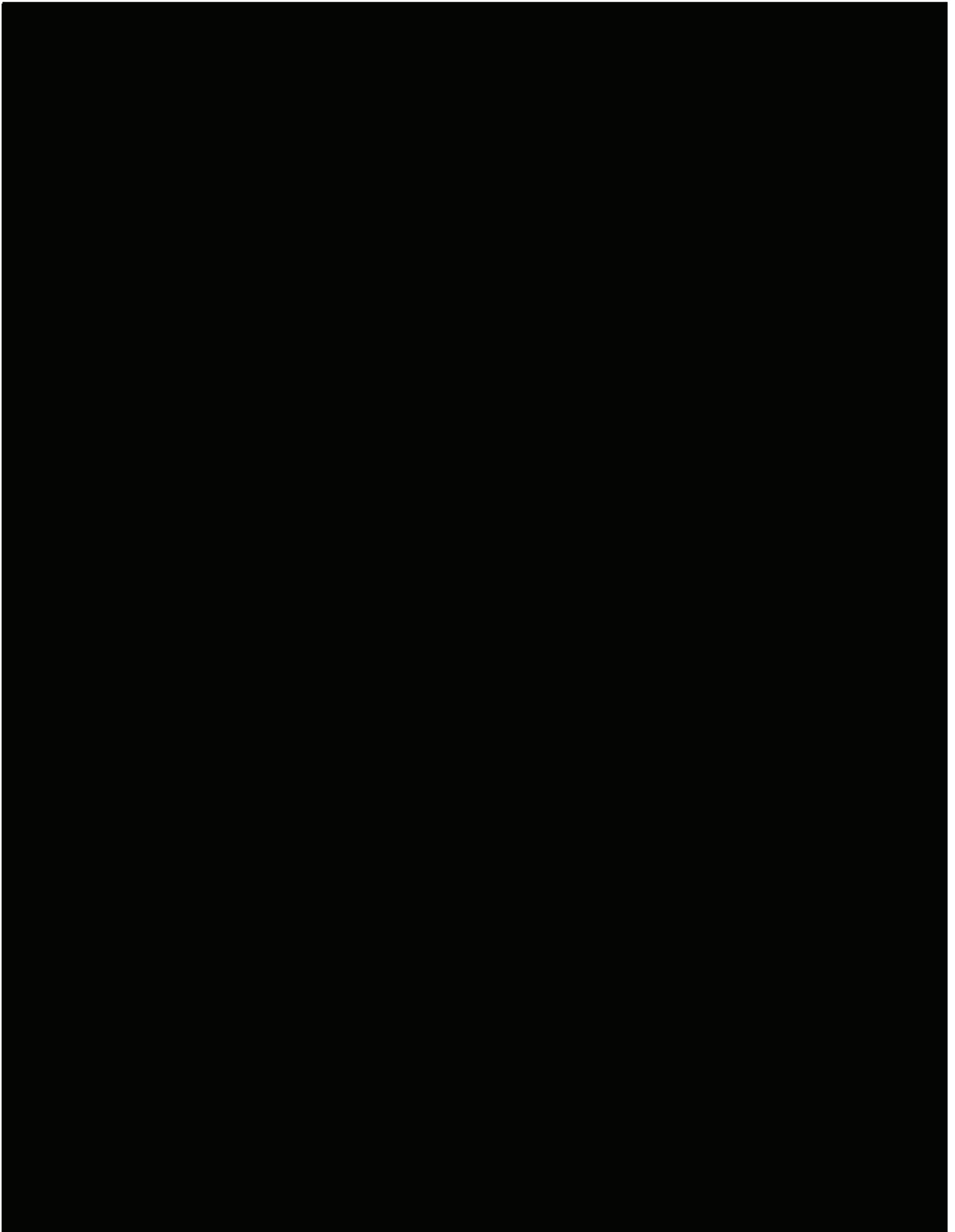


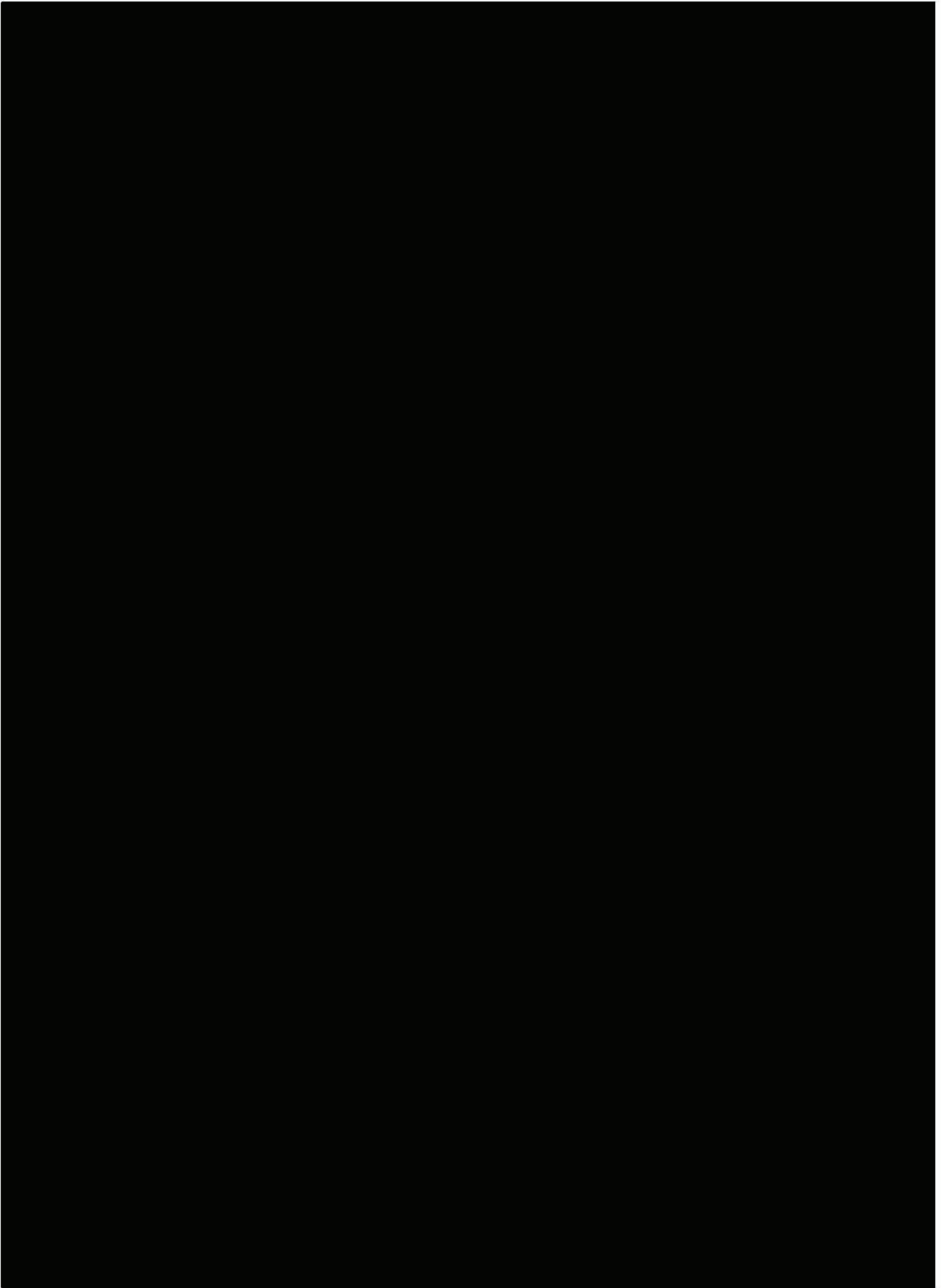




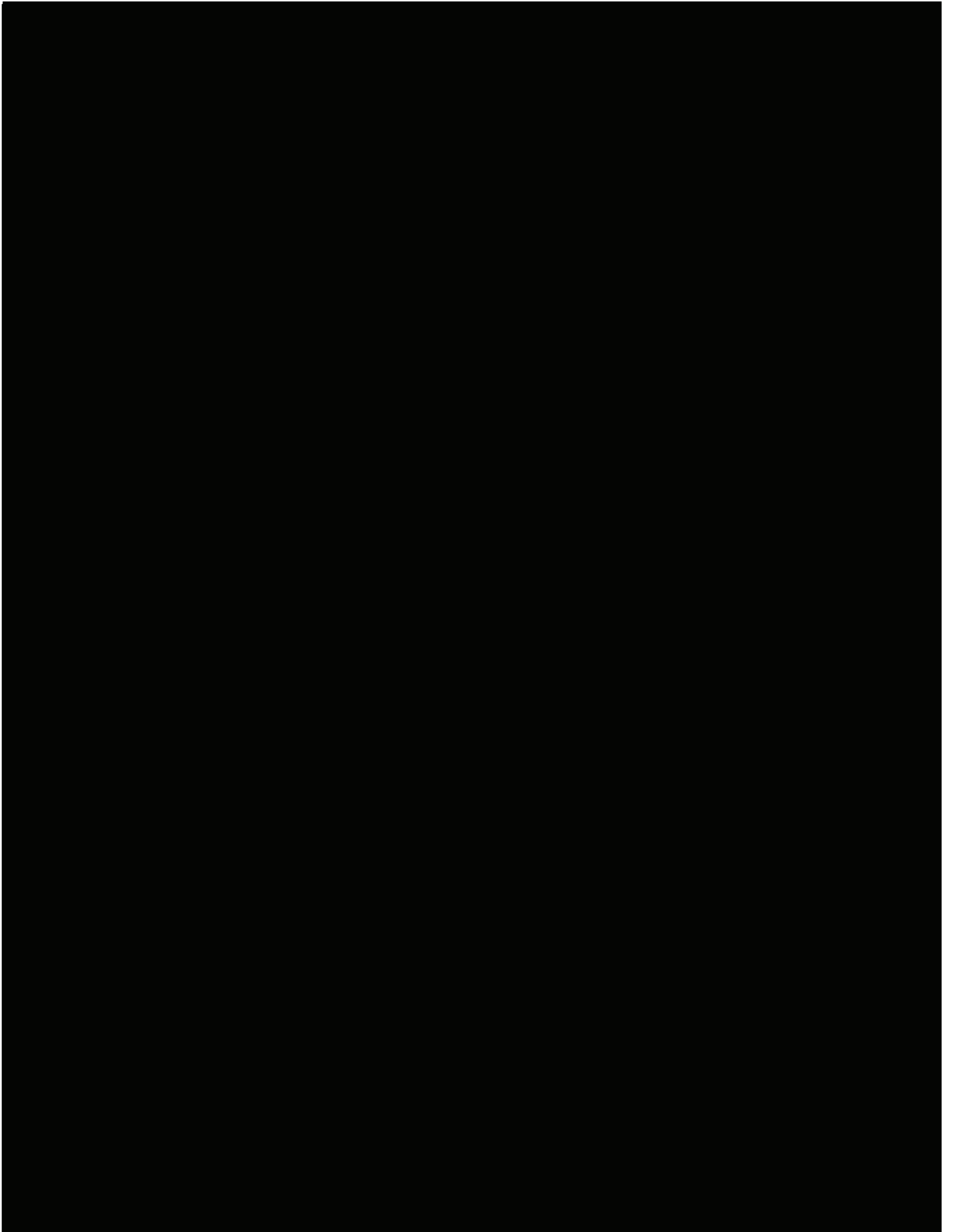


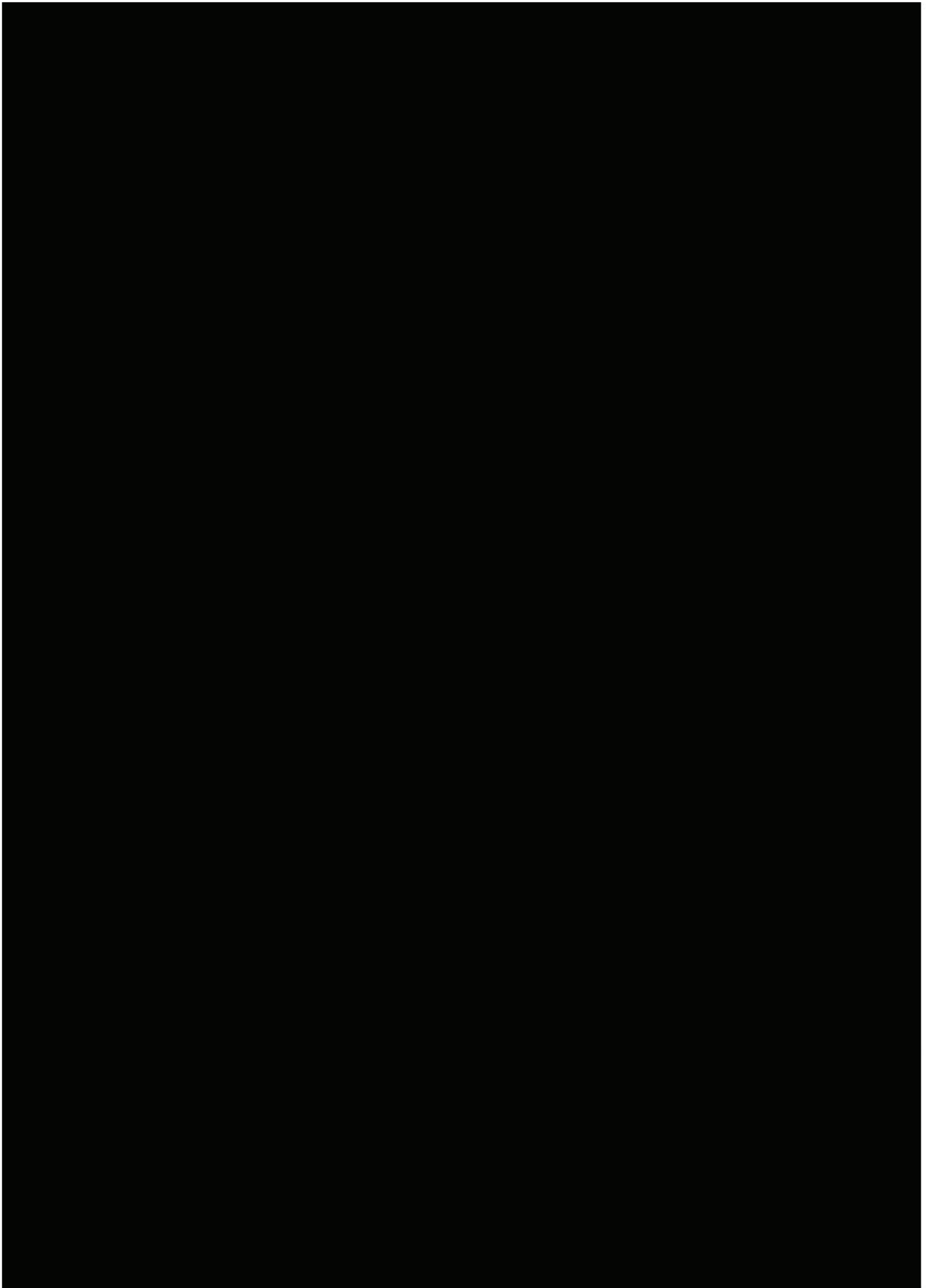


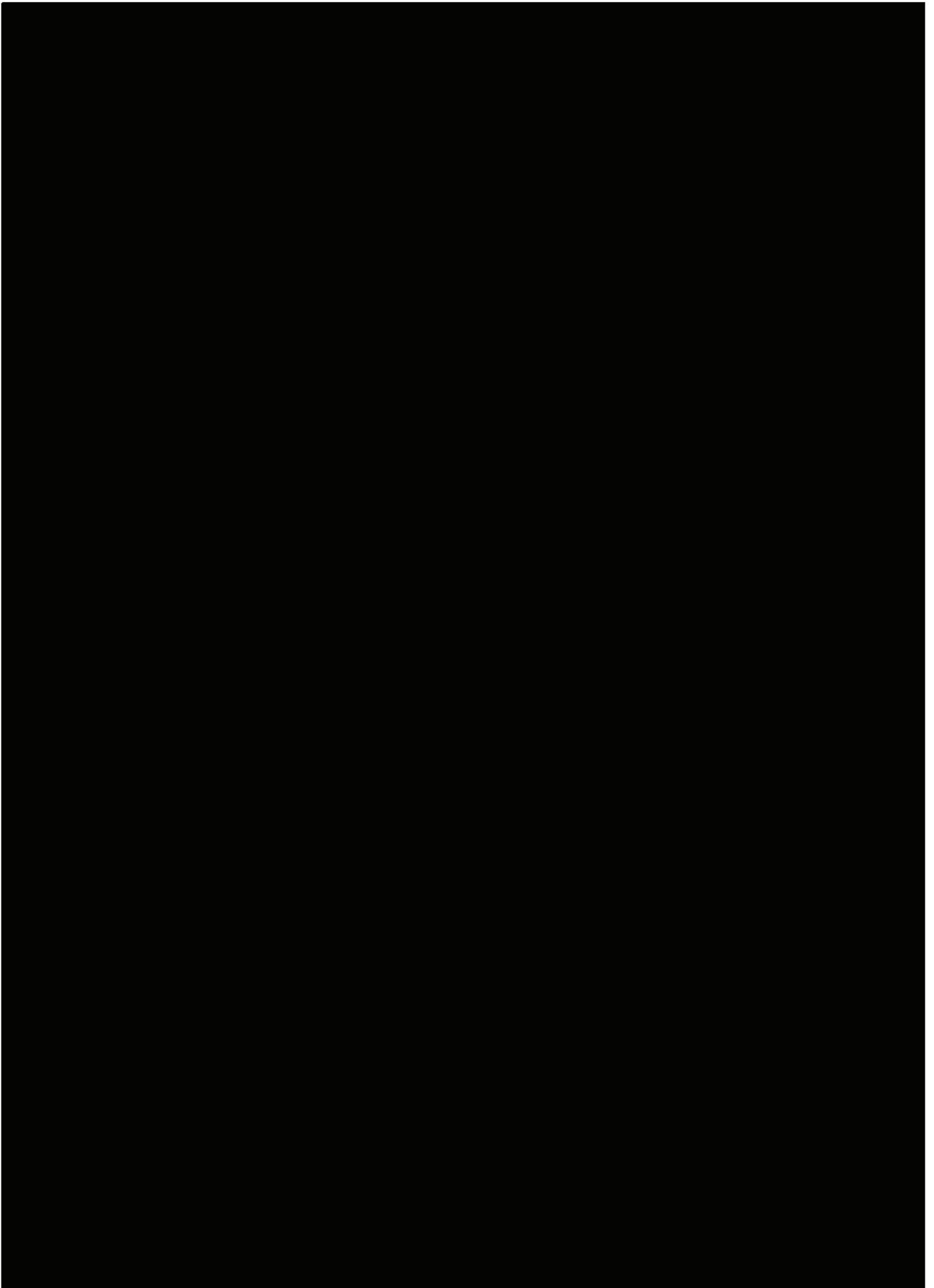


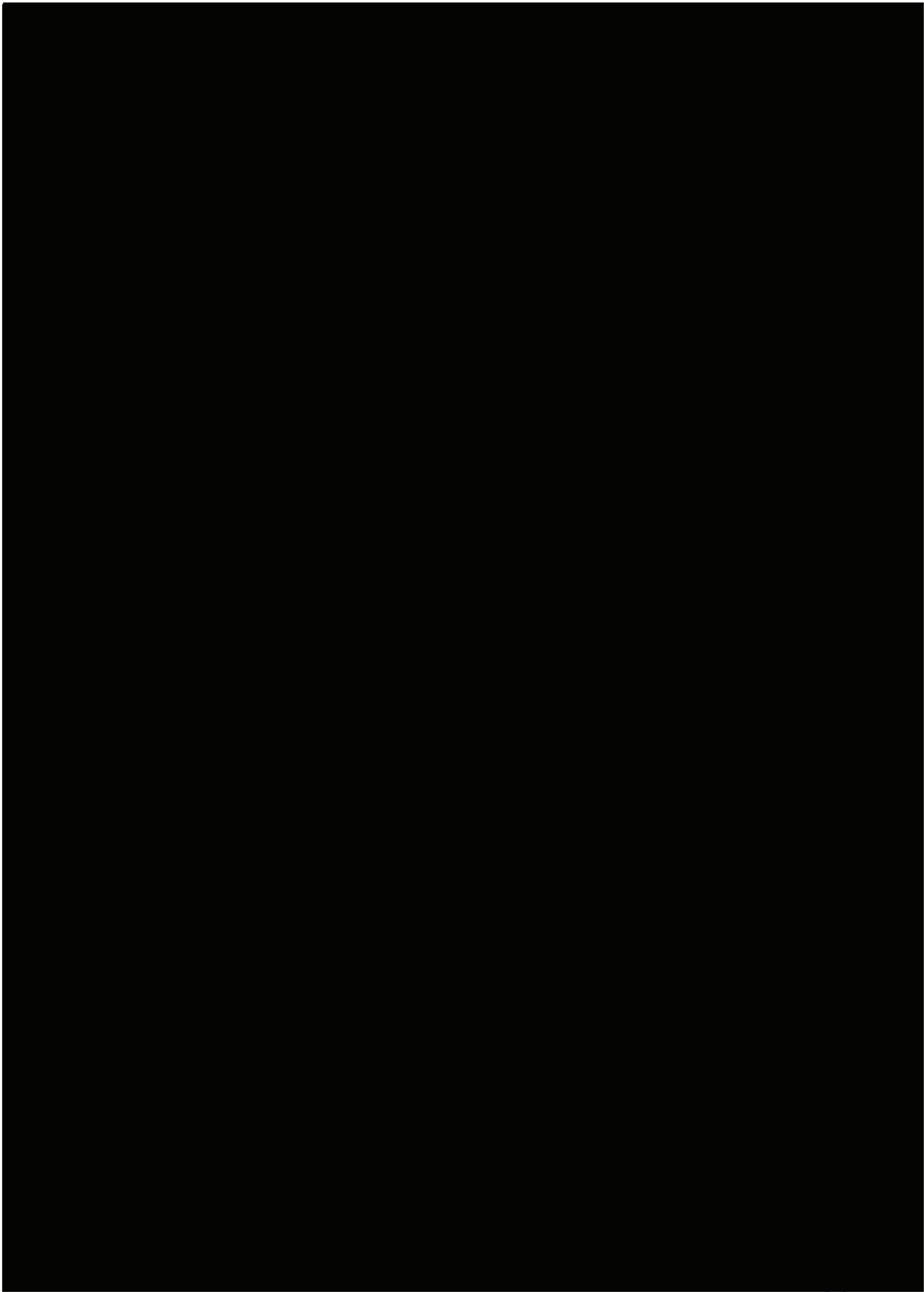


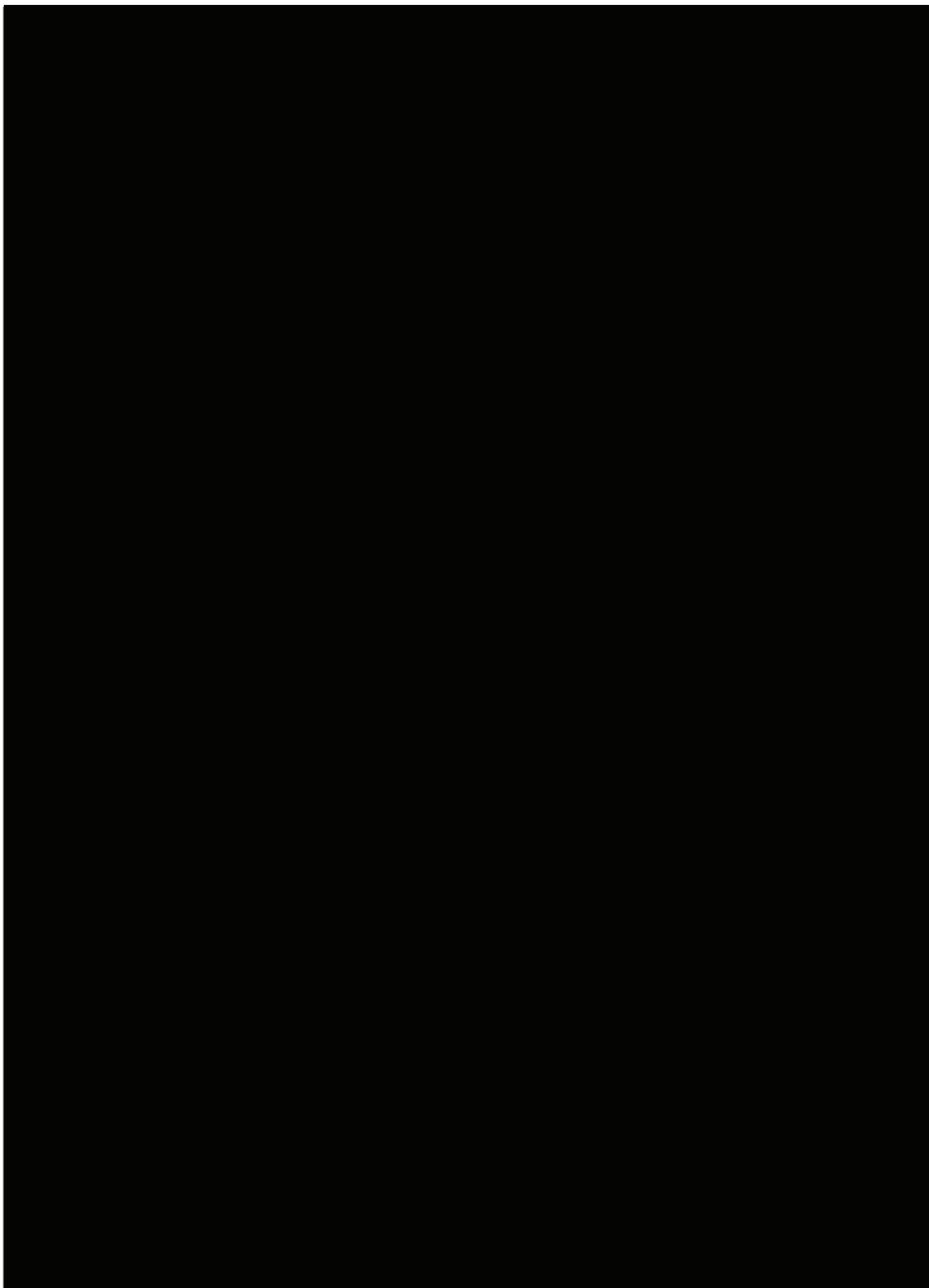


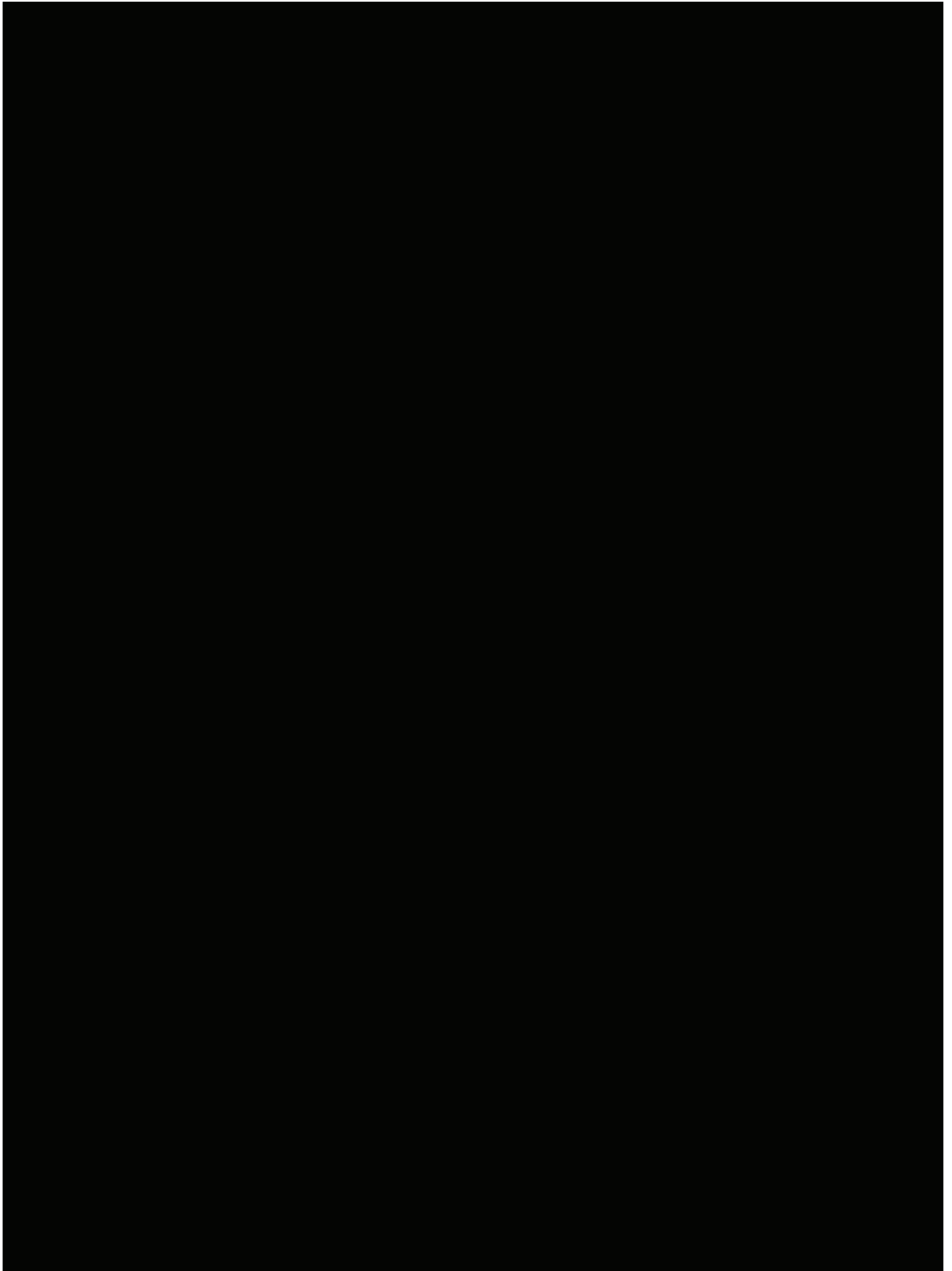


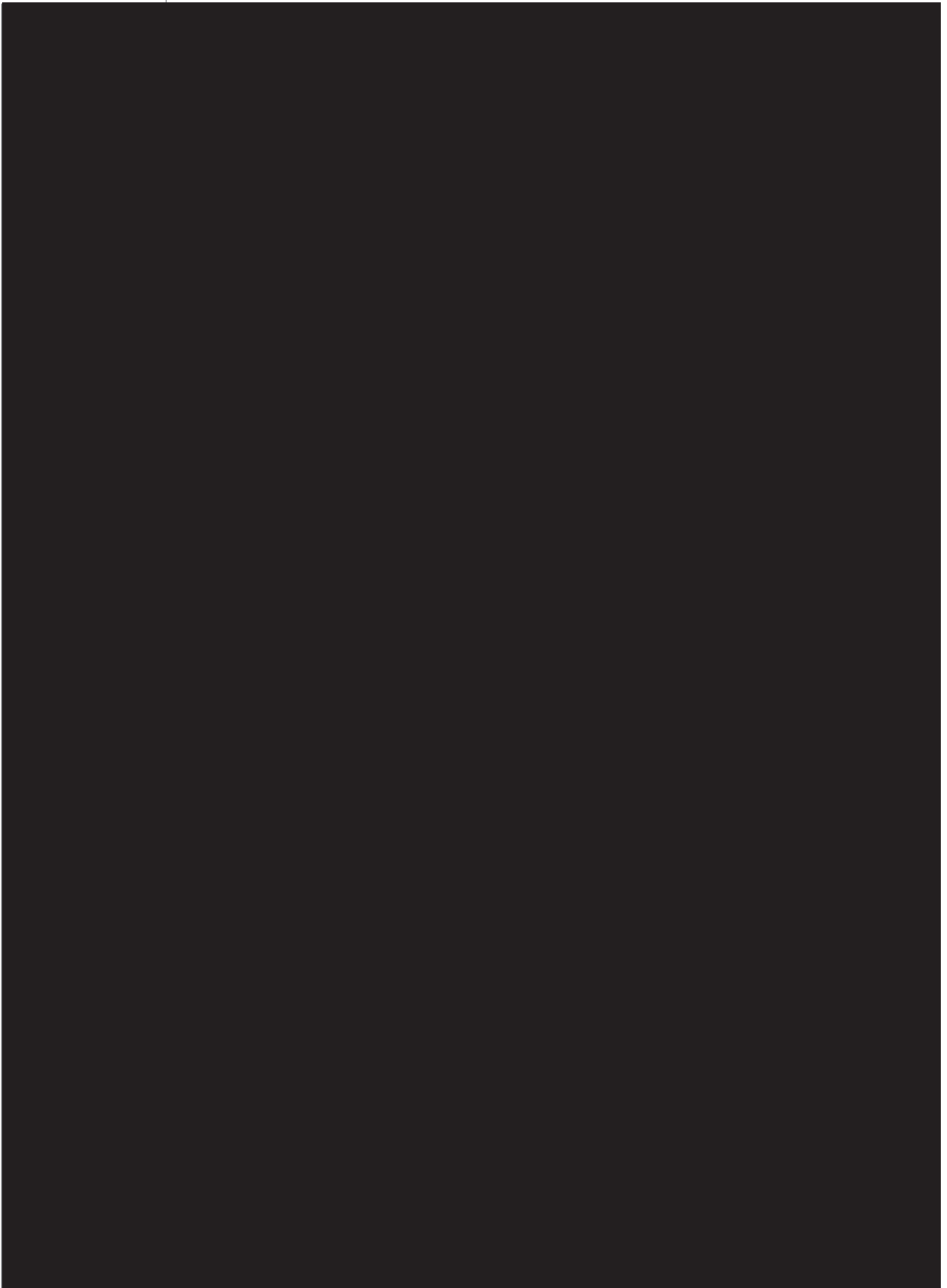


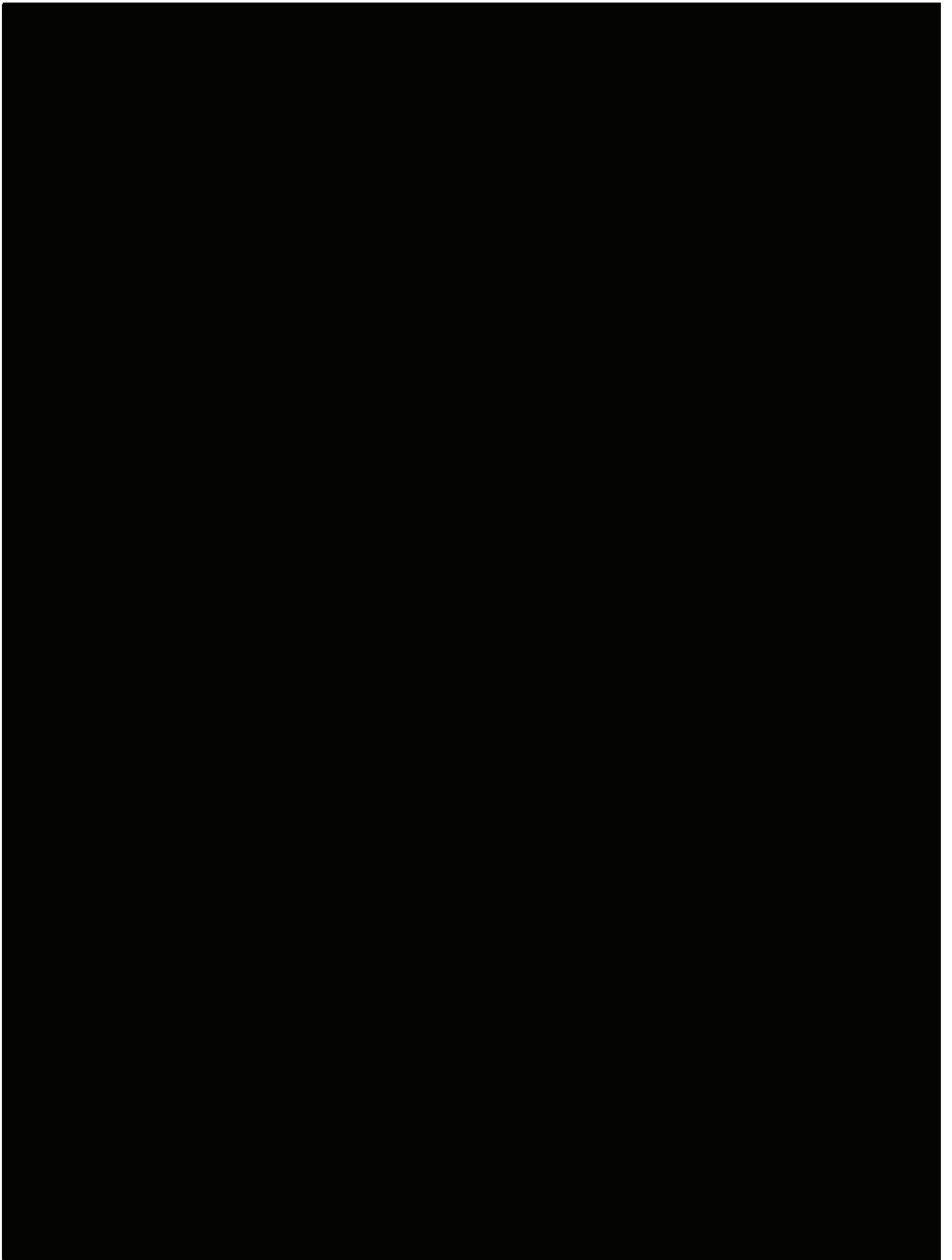








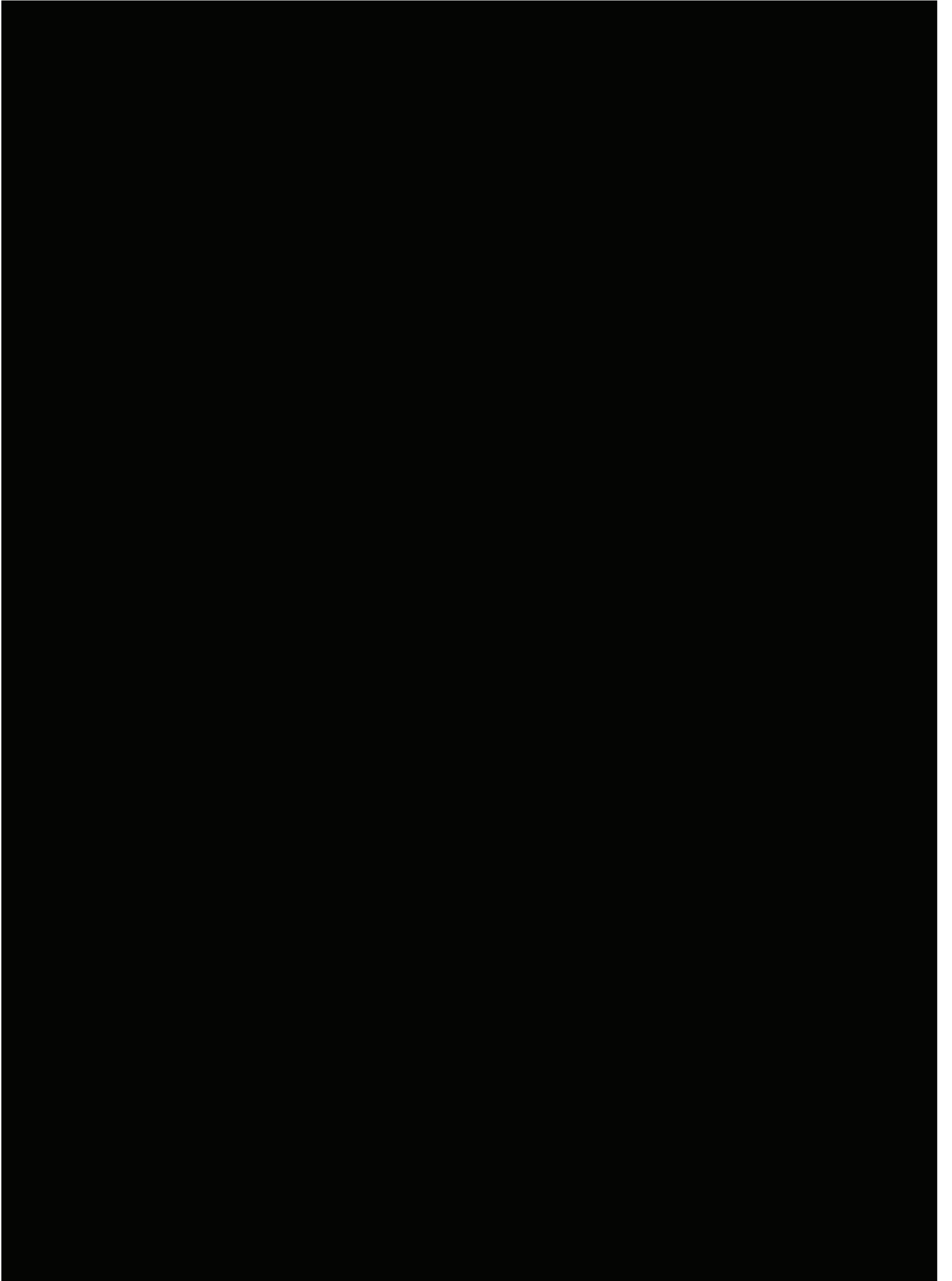






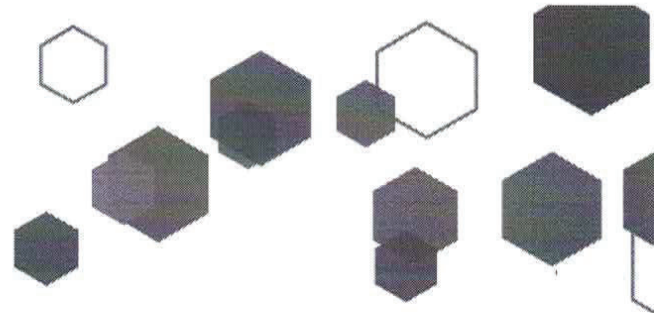
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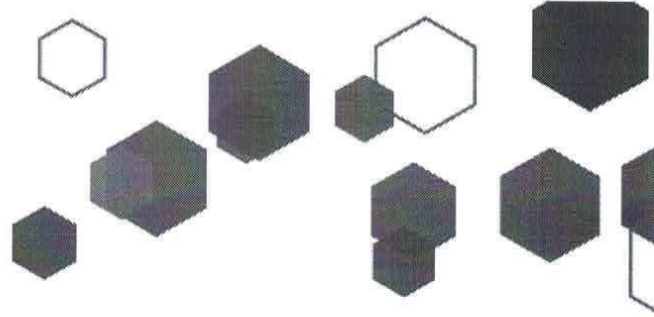




**FORM 3(A): ENTITY APPLICANT ACKNOWLEDGMENT AND STATEMENT OF UNDERSTANDING**

I, Albert O'Donnell, 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): Albert O'Donnell

Representative Signature: \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "Albert O'Donnell", written over a horizontal line.

MMTC Applicant Name: O'Donnell Landscapes Inc