



Florida Department of Health  
Office of Medical Marijuana Use  
2585 Merchants Row Blvd., Suite 110  
Tallahassee, FL 32399

June 14, 2023

Dear Office of Medical Marijuana Use Regulators:

In response to the Errors and Omissions letter issued by your office to FarmaceuticalRX of Florida, LLC ("FRX") on May 25, 2023, please find enclosed a hard copy and a USB flash drive containing the following documents in both original and redacted format:



In addition, in response to your May 25, 2023 letter and out of an abundance of caution, [REDACTED] submitted her fingerprints to a Livescan Service Provider for purposes of a background screening, and FRX is providing the required associated documents. You will see two TCN numbers for [REDACTED] as her initial electronic fingerprints were rejected due to image quality, requiring her to undergo fingerprinting a second time. In the event that [REDACTED] fingerprints are rejected again, she will undergo the FBI name check procedure in accordance with the rules.

Best regards,

DocuSigned by:  
*Rebecca Myers*  
71B5F913745A4A3...  
Rebecca Myers,

Founder & Chief Executive Officer

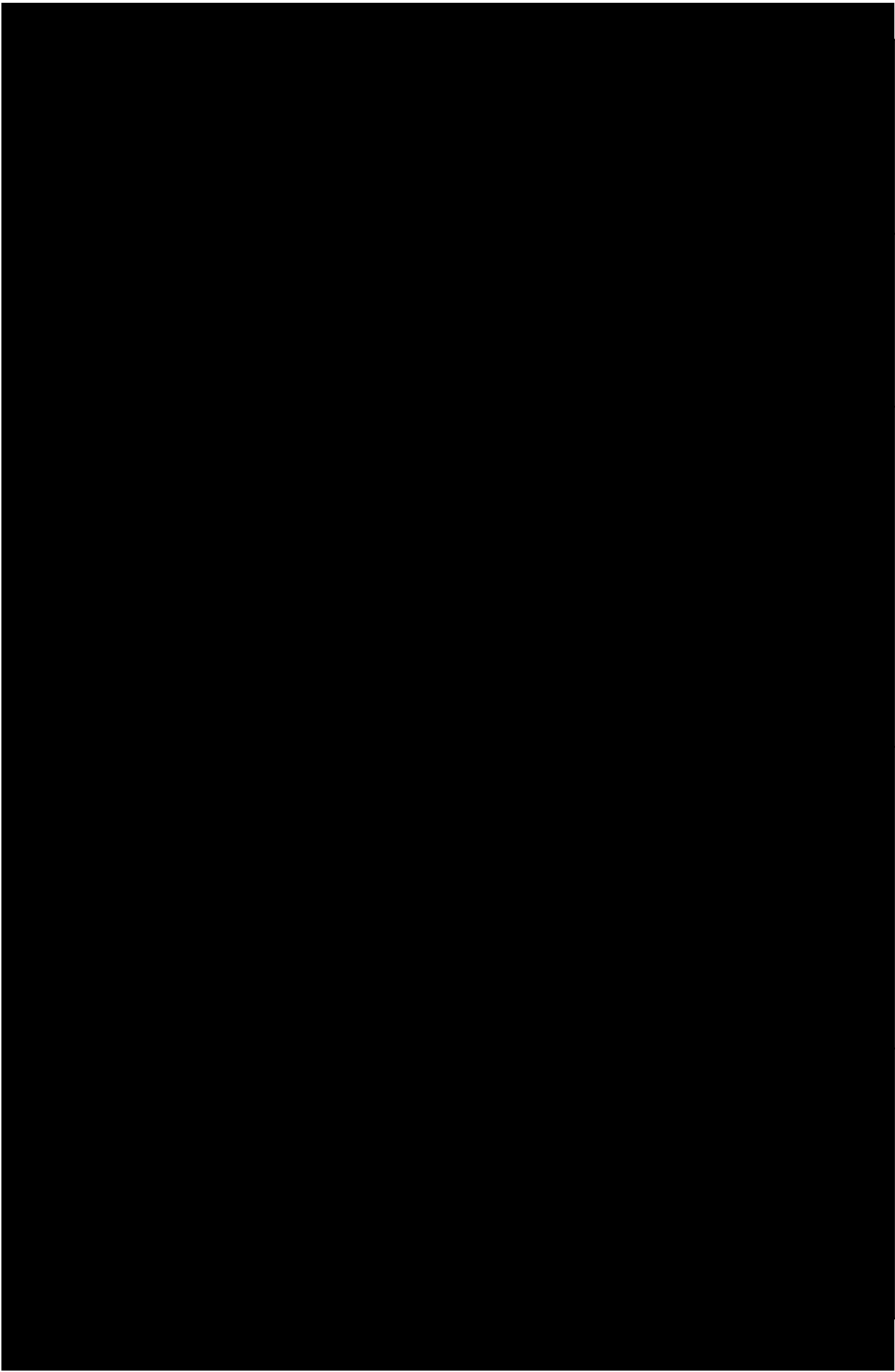
**Subsection 4.13.3 - Capitalization Tables, Change of Control, and Related Entities**





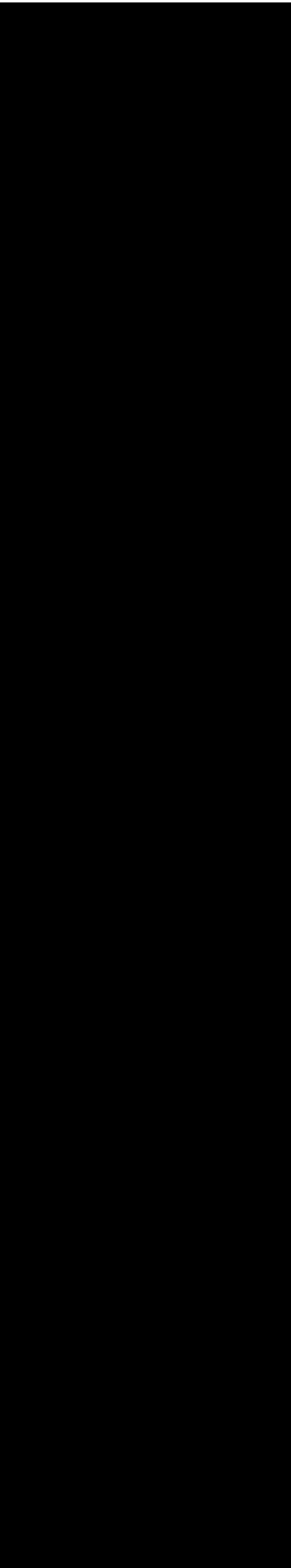
**Subsection 4.3.3 Level 2 Background Screening**

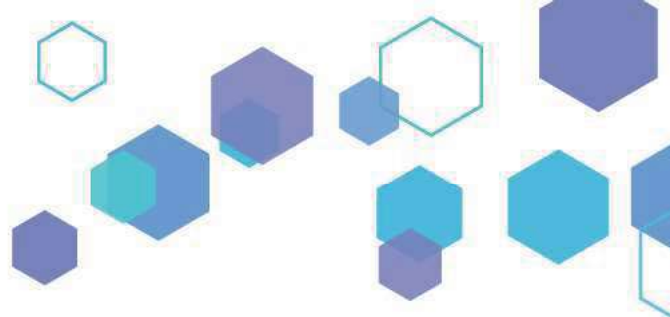
Name	Position	Email	Physical Mailing Address	Livescan TCN Number
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**Subsection 4.3.3 Level 2 Background Screening**

Name	Position	Email	Physical Mailing Address	Livescan TCN Number
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**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 64-4, and applicable emergency rules.

DocuSigned by:

FarmaceuticalRX of Florida, LLC

MMTC Applicant Name