



# Application for Medical Marijuana Treatment Center (MMTC) Licensure



< Section 4.1 >  
Applicant Information



### FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
East Coast Packers LLC				
Mailing Address				
1900 OLD DIXIE HWY				
City	Apt/Ste #	State	ZIP Code	Country
FORT PIERCE	N/A	Florida	34946	United States

Contact Information		
First Name	Last Name	Middle Initial
Jodi	Friend	H.
Telephone Number	Designated Email (for Department/Applicant Communications)	
561-414-9925	EastCoastPackersLLC@gmail.com	

Medical Director Information		
First Name	Last Name	Middle Initial
Alban	Bacchus	B.
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME54352	561-758-1551	alban122@bellsouth.net

< Section 4.2 >

Declaration of Exempt  
Information

## Section 4.2: Declaration of Exempt Information

We consider 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. All such information has been redacted and labeled as "Confidential-Exempt from Public Disclosure". The reasons for the exemptions are as follows:

Basis for Exemption	Application Sections
Contains personal identification information, including but not limited to social security, and is exempt pursuant to Section 119.071(4) and 119.071(5) F.S.	Subsection 4.3.3; Subsection 4.12.1; Subsection 4.12.2;
Contain confidential information, including trade secrets, and is therefore exempt for disclosure pursuant to 119.071(2) F.S.; 381.83 F.S.; 815.045 F.S.; and 688.002 F.S:	<ul style="list-style-type: none"> <li>- Section 4.4 (including Subsection 4.4.1; Subsection 4.4.2; Subsection 4.4.3);</li> <li>- Section 4.5 (including Subsection 4.5.1; Subsection 4.5.2; Subsection 4.5.3);</li> <li>- Section 4.6 (including Subsection 4.6.1; Subsection 4.6.2; Subsection 4.6.3);</li> <li>- Section 4.7 (including Subsection 4.7.1; Subsection 4.7.2; Subsection 4.7.3; Subsection 4.7.4; Subsection 4.7.5);</li> <li>- Section 4.8 (including Subsection 4.8.1; Subsection 4.8.2; Subsection 4.8.3);</li> <li>- Section 4.9 (including Subsection 4.9.1; Subsection 4.9.2; Subsection 4.9.3; Subsection 4.9.4);</li> <li>- Section 4.10 (including Subsection 4.10.1; Subsection 4.10.2; Subsection 4.10.3);</li> <li>- Section 4.11 (including Subsection 4.11.1; Subsection 4.11.2);</li> <li>- Section 4.12 (including Subsection 4.12.1; Subsection 4.12.2; Subsection 4.12.3);</li> <li>- Section 4.13 (including Subsection 4.13.1; Subsection 4.13.2; Subsection 4.13.3).</li> <li>- Section 4.15.</li> </ul>
Contains confidential information related to security and intellectual technology security and is therefore exempt from disclosure pursuant to Section 119.071(3) F.S. and Section 119.0725 F.S.	Subsection 4.4.2; Subsection 4.5.2; Subsection 4.6.2; Subsection 4.6.3; Section 4.7 (including Subsection 4.7.1; Subsection 4.7.2; Subsection 4.7.3).

## < 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 EAST COAST PACKERS, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 6, 2016, effective July 6, 2006.

The document number of this limited liability company is L16000186023.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 29, 2022, 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 Fifteenth day of March, 2023*



  
*Secretary of State*

Tracking Number: 7607025773CU

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

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

# [ Subsection 4.3.2 ]

## DACS Documentation



**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:**

EAST COAST PACKERS, LLC  
EAST COAST PACKERS, LLC  
1900 OLD DIXIE HWY  
FORT PIERCE, FL 34946

**THIS CERTIFICATE EXPIRES:** 07/23/2023

**FEE PAID:** \$35.00

**REGISTRATION NO.:** 48020114

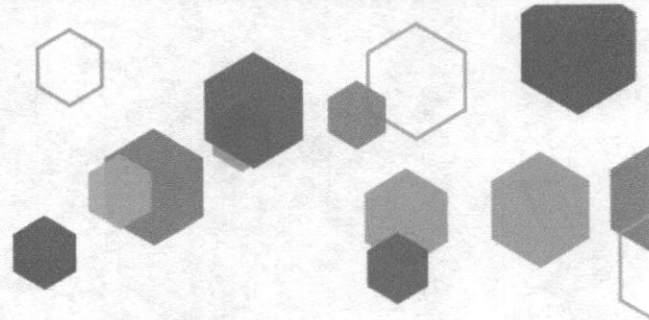
**DATE ISSUED:** 06/03/2022

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.







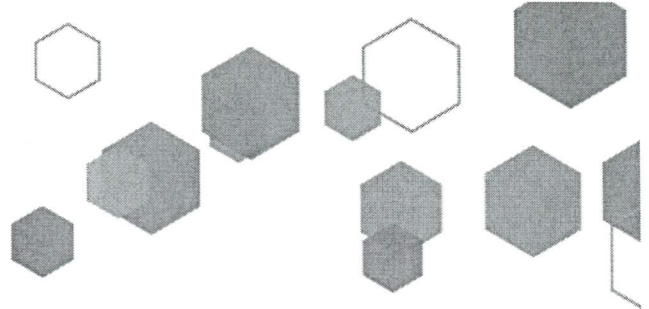
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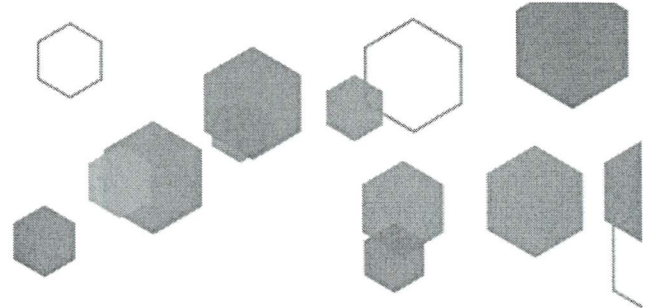
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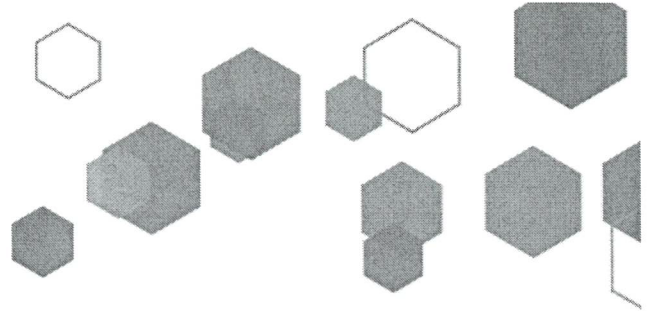
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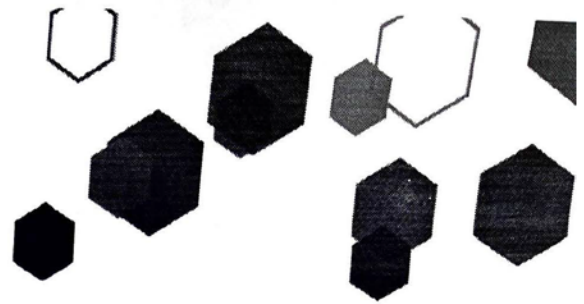
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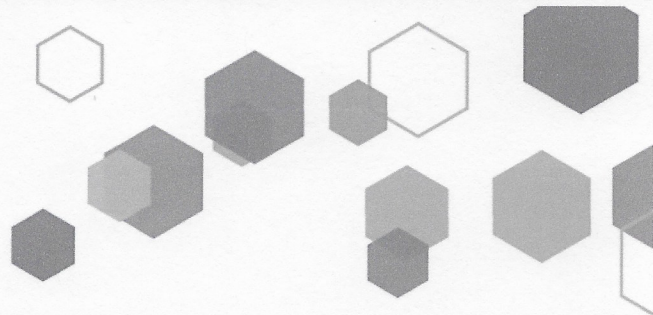
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MMTC Applicant Name



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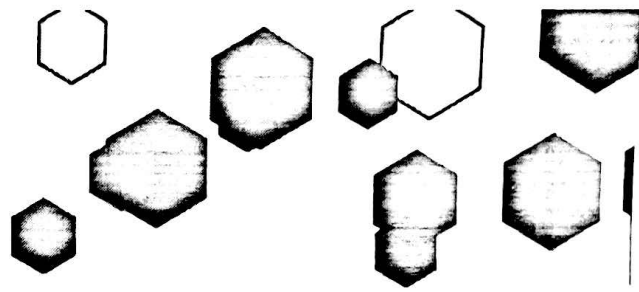
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Emergency Rule 64ER22-9  
Effective: 12/2022  
DH8052-OMMU-12/12/2022



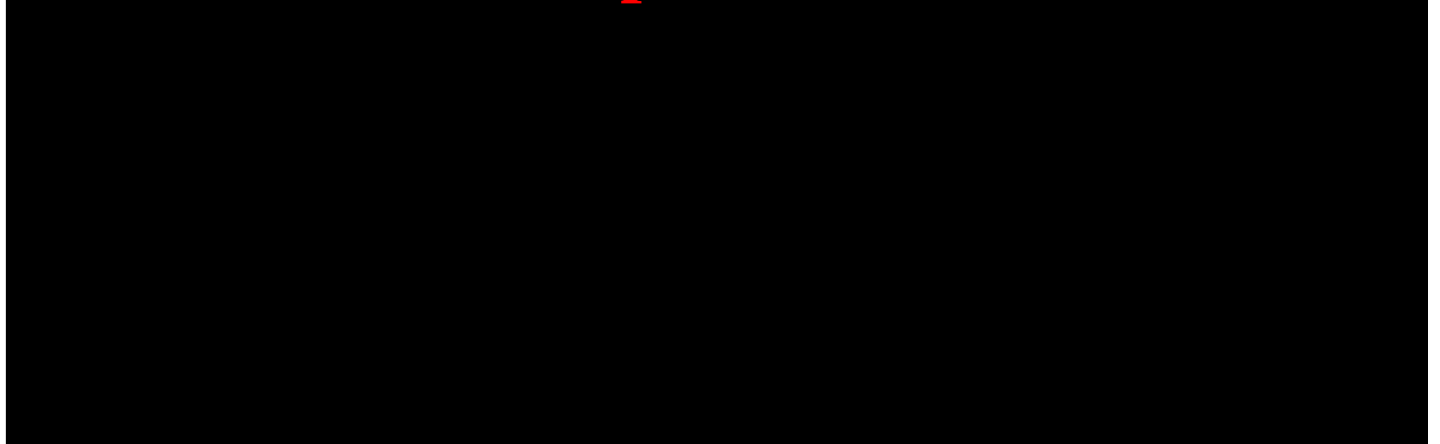
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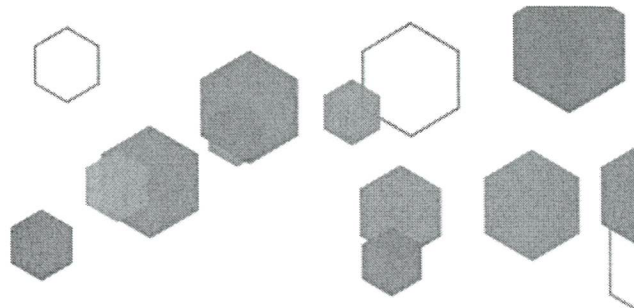
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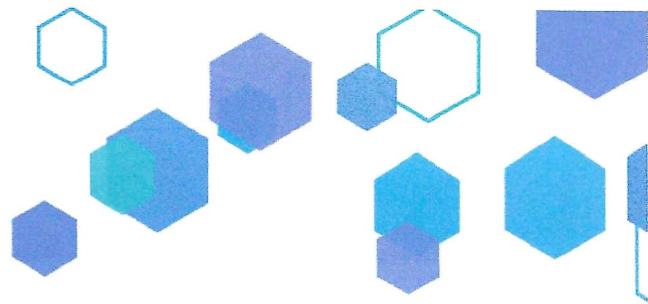
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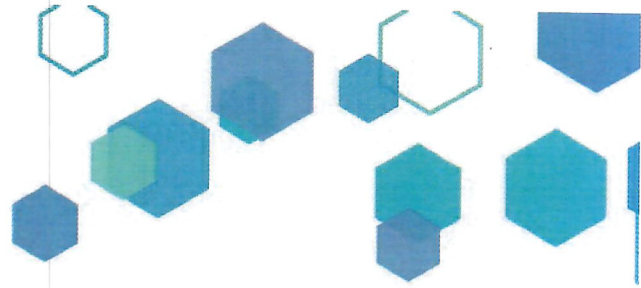
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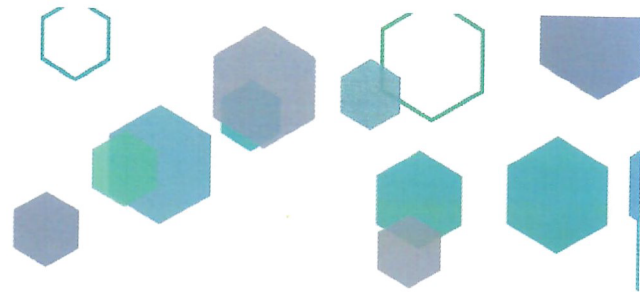
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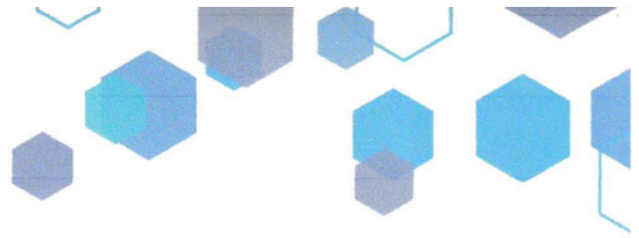
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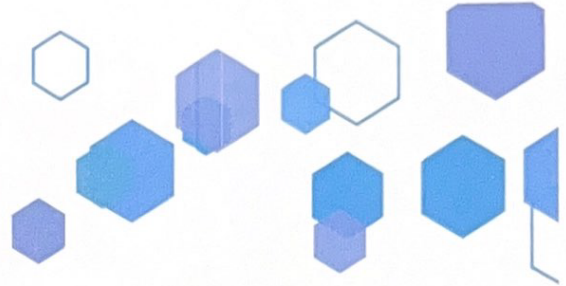
I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

**Confidential–Exempt from Public Disclosure**

East Coast Packers LLC

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MMTC Applicant Name



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

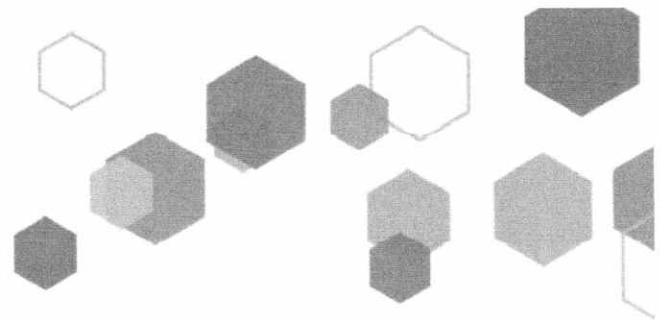
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I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager

**Confidential—Exempt from Public Disclosure**

East Coast Packers LLC  
\_\_\_\_\_  
MMTC Applicant Name



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

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**Confidential–Exempt from Public Disclosure**

East Coast Packers LLC  
\_\_\_\_\_  
MMTC Applicant Name



























































































































































































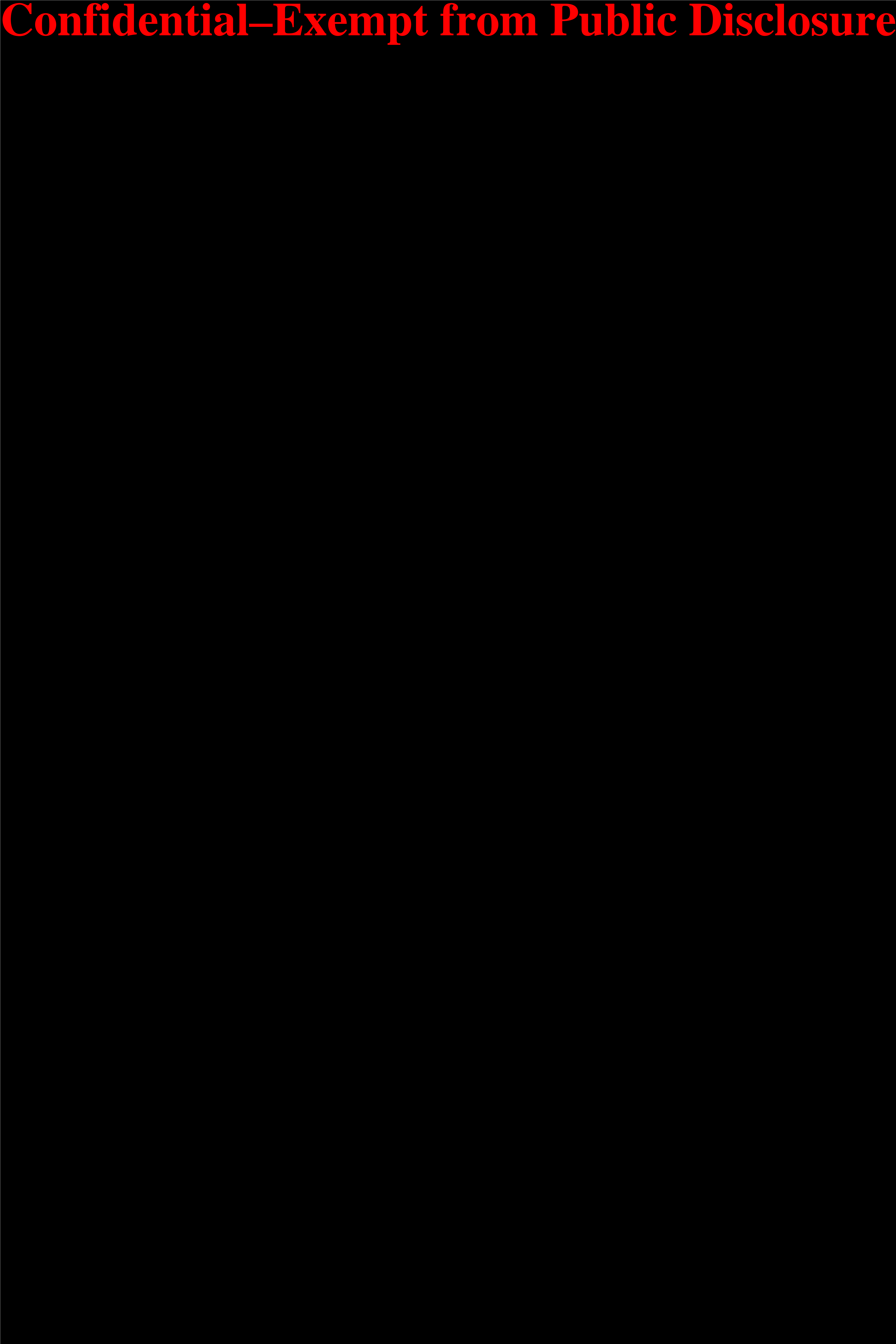


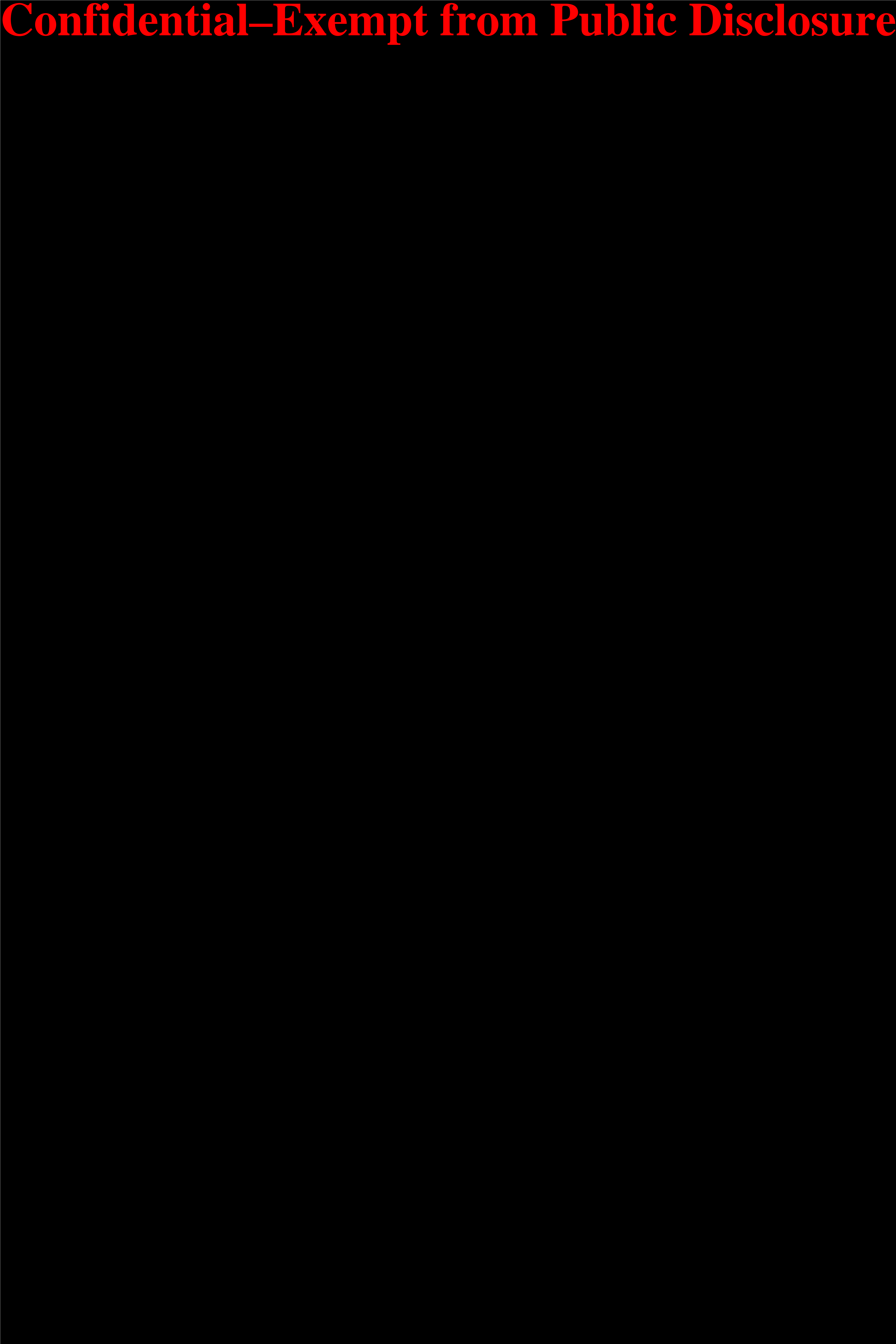


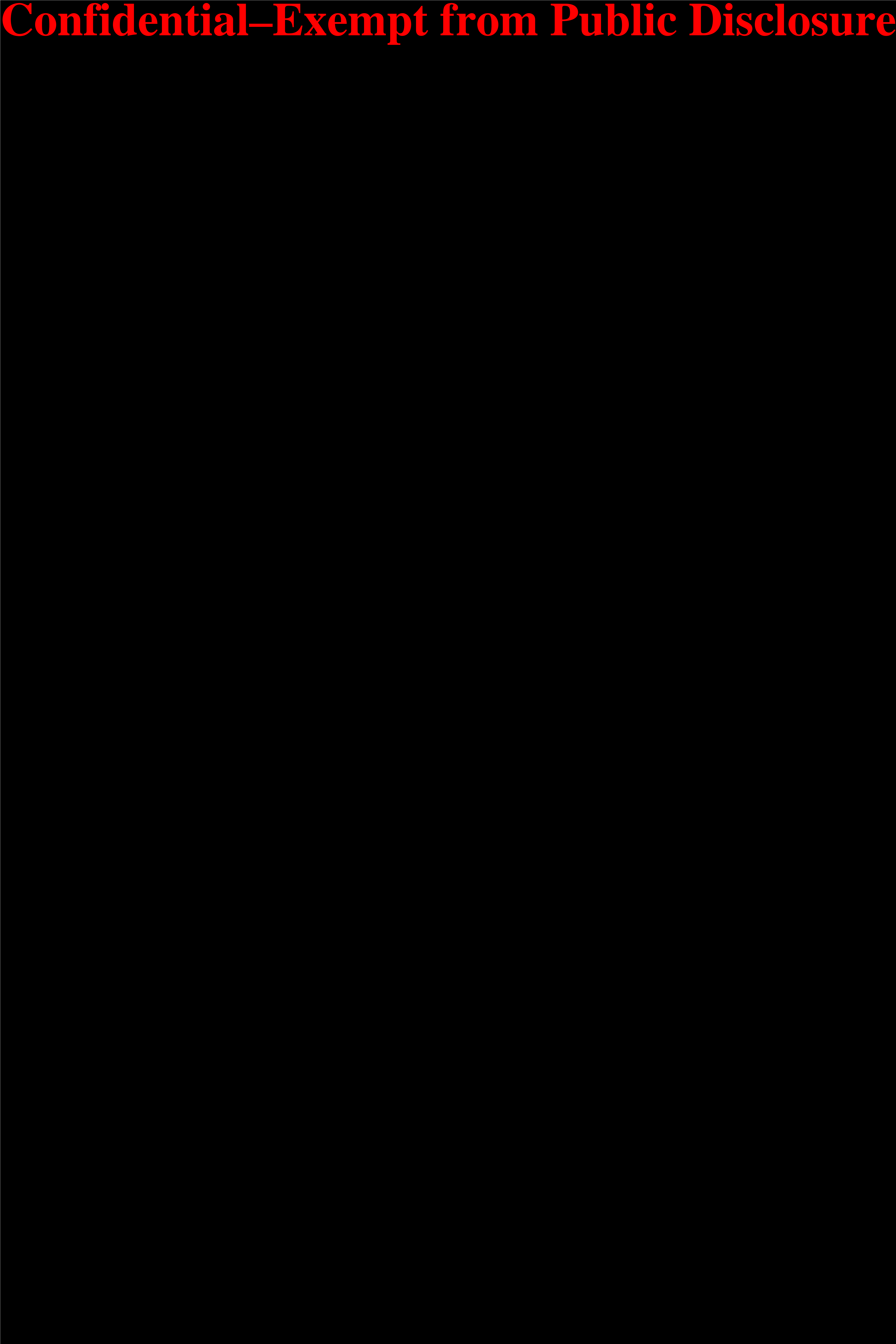


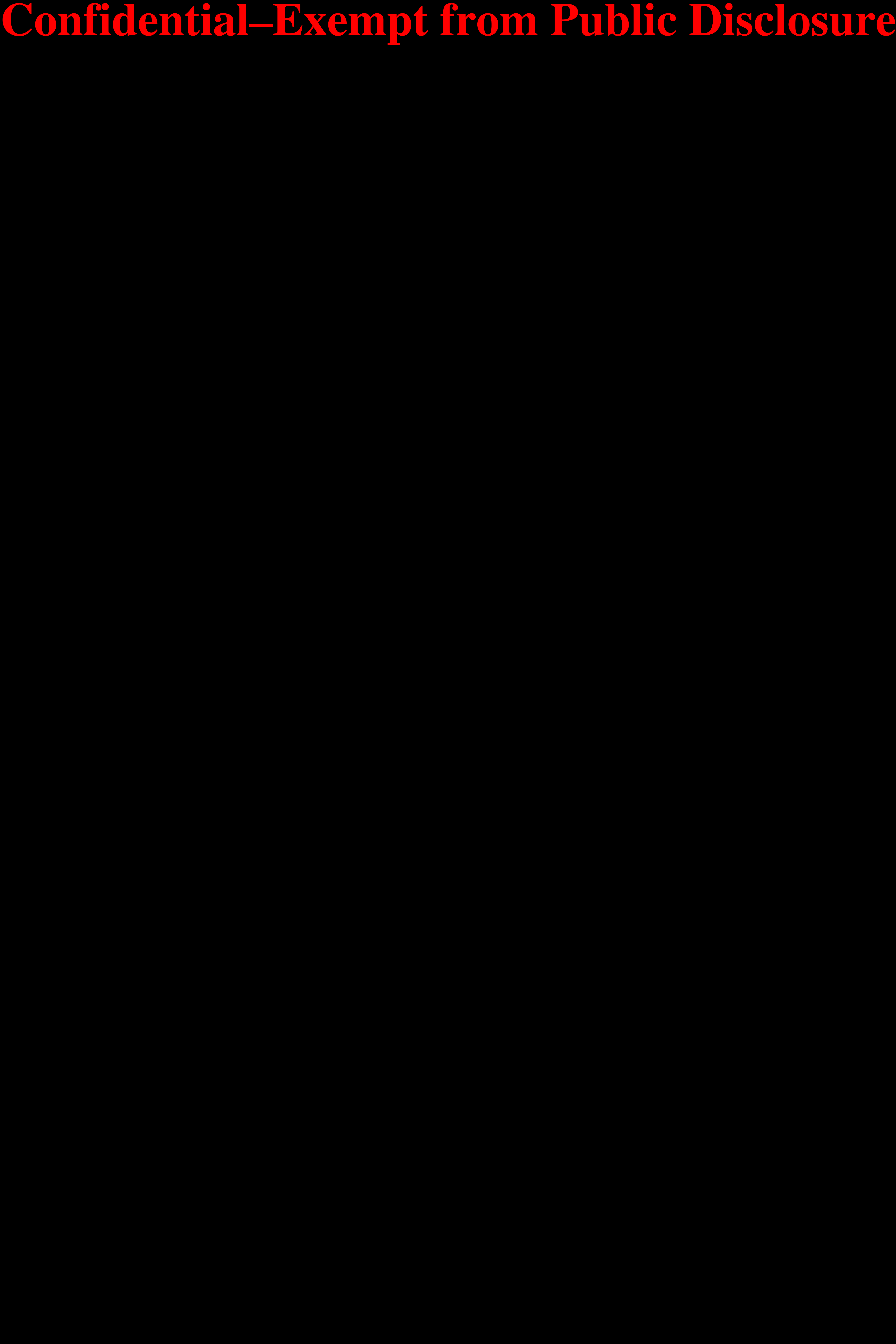


































































































































































































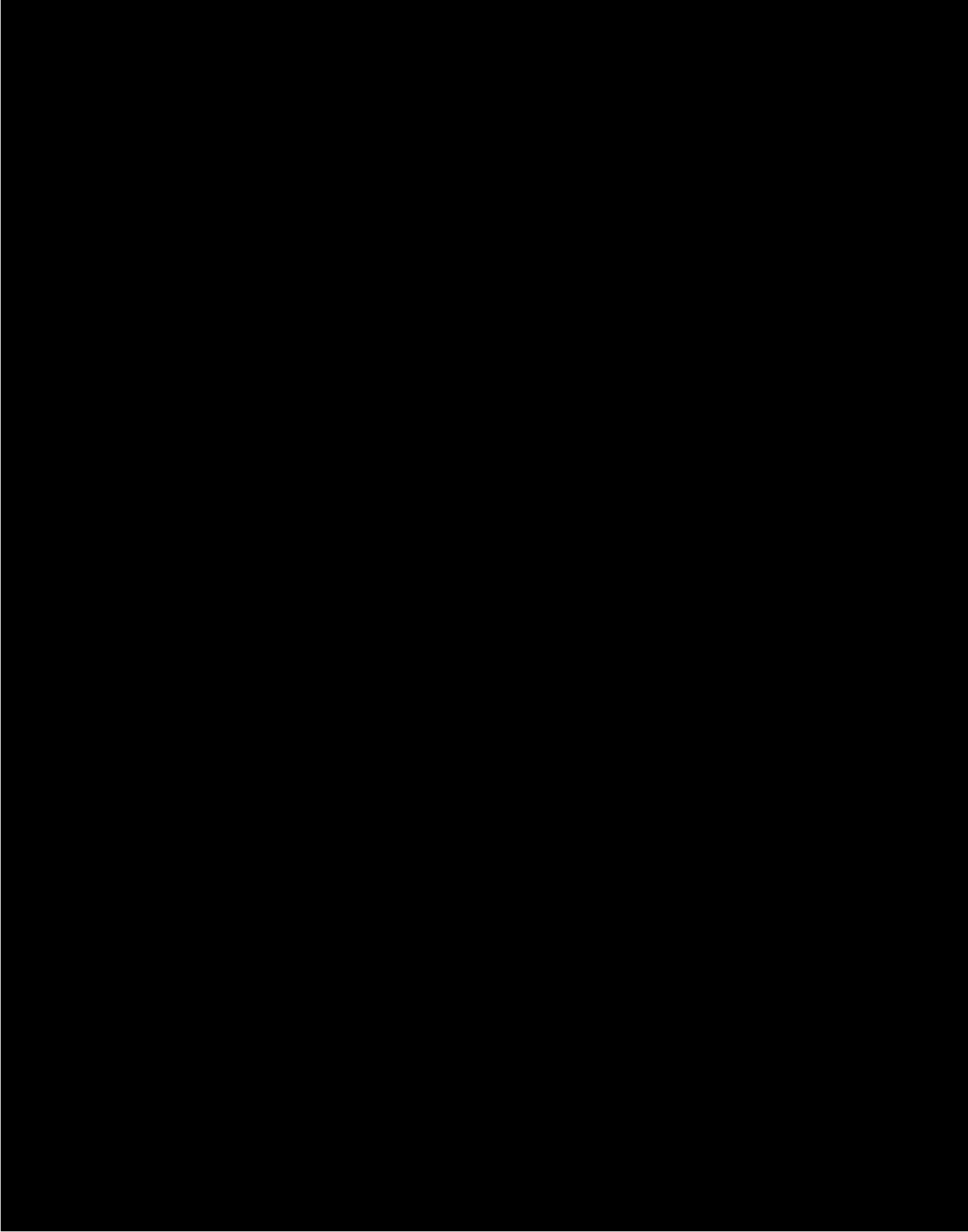




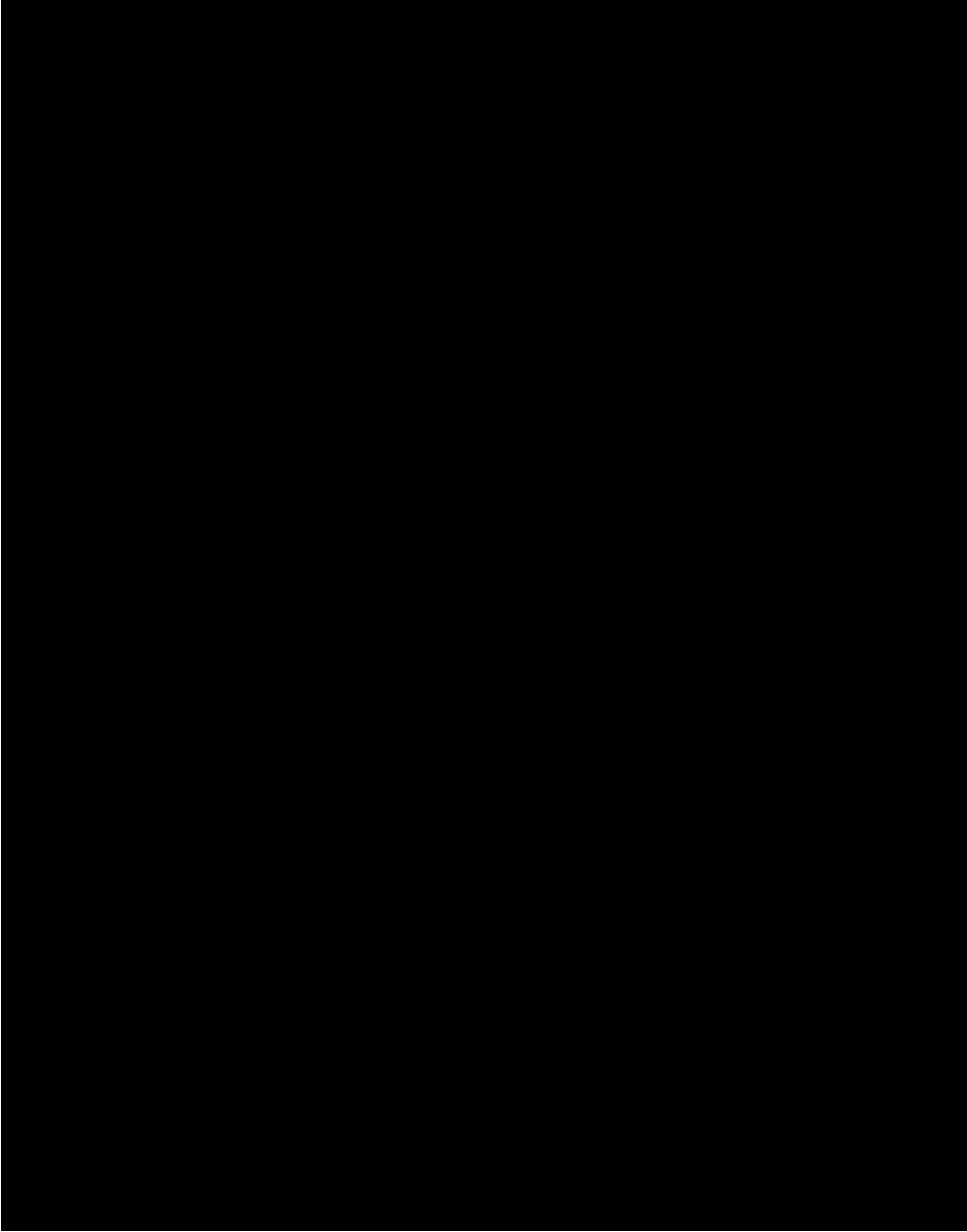




























































**Confidential—Exempt from Public Disclosure**

























































































































































































































































































































































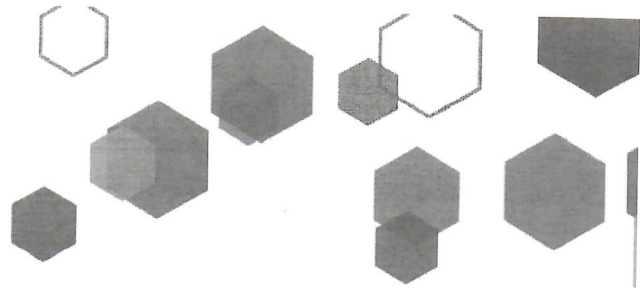






## < Section 4.14 >

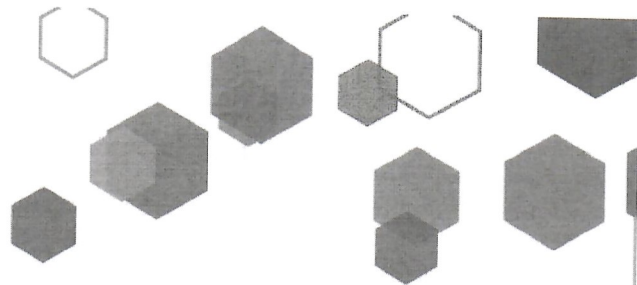
# Applicant Acknowledgment



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

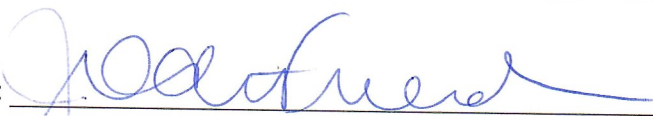
I, Jodi Friend, the undersigned representative, hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application (the Applicant) and to attest to the following on behalf of the Applicant.

- 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): Jodi Friend

Representative Signature: 

MMTC Applicant Name: East Coast Packers LLC



































































