

June 12, 2023

1001 Woodward Avenue, Suite 05-A117
Detroit, Michigan 48226

John D. Mackewich, Esq.
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419-346-4155
www.mackewich.com

RE: [REDACTED]
[REDACTED]

Please accept this response to the Florida Department of Health Office of Medical Marijuana Use (“Department”) Errors and Omissions letter dated May 25, 2023.

Request Number 1: Subsection 4.3.3, Level 2 Background Screening

Subsection 4.3.3 of the of the Medical Marijuana Treatment Center License Application Instructions, Requirements and Forms (the “Application Instructions”) requires an applicant’s owners and managers to submit a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. The Department has not yet received an FDLE background report for the following individual, who is identified as an owner or manager in Subsection 4.3.3 of your Application:

[REDACTED]

Please ensure that this individual has successfully submitted a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Individuals rejected for fingerprint quality must resubmit a full set of fingerprints to a Livescan Service Provider. As provided in Subsection 4.3.3 of the Application Instructions, if an individual’s fingerprints are rejected twice for image quality, the individual must participate in the Federal Bureau of Investigation’s name check procedure for fingerprint submissions rejected due to image quality. The Department will notify an individual whose fingerprints are rejected twice for image quality and provide directions regarding the FBI name check procedure.

Response to Request Number 1:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Additionally, Subsection 4.3.3 of the Application Instructions requires that the applicant submit a completed Form 2 (Waiver Agreement and Statement) for each owner or manager, as those terms are defined by Department rules. The Form 2 contained in Subsection 4.3.3 of your Application is either incomplete or incorrect for the following individual:

- [REDACTED]

Response to Request Number 1:

Subsection 4.13.2 of the Application Instructions requires entity applicants to provide the full names of all partners and their percentage of ownership interests in the partnership. The percentage of ownership identified in Subsection 4.13.2 of your Application does not total 100% and differs from the capitalization table provided in Subsection 4.13.3 of the Application. Please clarify and correct the percentage of ownership interests in the applicant.

Please also provide a single, fully diluted capitalization table for the applicant, Epic Cannabis Dispensaries, LLC, listing all share types and the aggregate sum of shares associated with or flowing to any natural person that equals 100%. The table must list all share types and interests and must show the aggregate sum of shares, including those associated with or flowing to any natural person owners or investors of Epic Cannabis Dispensaries LLC.

United States	1.2%	United States	1.2%
Germany	0.8%	Germany	0.8%
France	0.7%	France	0.7%
Japan	0.6%	Japan	0.6%
United Kingdom	0.5%	United Kingdom	0.5%
Italy	0.4%	Italy	0.4%
Spain	0.3%	Spain	0.3%
Sweden	0.2%	Sweden	0.2%
Netherlands	0.2%	Netherlands	0.2%
Belgium	0.2%	Belgium	0.2%
Austria	0.2%	Austria	0.2%
Portugal	0.1%	Portugal	0.1%
Greece	0.1%	Greece	0.1%
Ireland	0.1%	Ireland	0.1%
Finland	0.1%	Finland	0.1%
Denmark	0.1%	Denmark	0.1%
Luxembourg	0.1%	Luxembourg	0.1%
Poland	0.1%	Poland	0.1%
Czech Republic	0.1%	Czech Republic	0.1%
Slovakia	0.1%	Slovakia	0.1%
Hungary	0.1%	Hungary	0.1%
Slovenia	0.1%	Slovenia	0.1%
Estonia	0.1%	Estonia	0.1%
Lithuania	0.1%	Lithuania	0.1%
Latvia	0.1%	Latvia	0.1%
Malta	0.1%	Malta	0.1%
Cyprus	0.1%	Cyprus	0.1%
Singapore	0.1%	Singapore	0.1%
South Korea	0.1%	South Korea	0.1%
China	0.1%	China	0.1%
India	0.1%	India	0.1%
Brazil	0.1%	Brazil	0.1%
Argentina	0.1%	Argentina	0.1%
Colombia	0.1%	Colombia	0.1%
Venezuela	0.1%	Venezuela	0.1%
Russia	0.1%	Russia	0.1%
Ukraine	0.1%	Ukraine	0.1%
Poland	0.1%	Poland	0.1%
Czech Republic	0.1%	Czech Republic	0.1%
Slovakia	0.1%	Slovakia	0.1%
Hungary	0.1%	Hungary	0.1%
Slovenia	0.1%	Slovenia	0.1%
Estonia	0.1%	Estonia	0.1%
Lithuania	0.1%	Lithuania	0.1%
Latvia	0.1%	Latvia	0.1%
Malta	0.1%	Malta	0.1%
Cyprus	0.1%	Cyprus	0.1%
Singapore	0.1%	Singapore	0.1%
South Korea	0.1%	South Korea	0.1%
China	0.1%	China	0.1%
India	0.1%	India	0.1%
Brazil	0.1%	Brazil	0.1%
Argentina	0.1%	Argentina	0.1%
Colombia	0.1%	Colombia	0.1%
Venezuela	0.1%	Venezuela	0.1%
Russia	0.1%	Russia	0.1%
Ukraine	0.1%	Ukraine	0.1%
Poland	0.1%	Poland	0.1%
Czech Republic	0.1%	Czech Republic	0.1%
Slovakia	0.1%	Slovakia	0.1%

Additionally, for purposes of ownership attribution, please provide the nature of the familial relationship, if any, among and between the following individuals:

- [REDACTED]
[REDACTED]

Supplemental Response to Request Number 2:

[REDACTED]
[REDACTED]

Finally, if any natural person meets the definition of “owner,” even if by familial attribution of ownership (as provided by Department rule), such natural persons must submit a completed Form 2 to the Department and a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Those natural persons must also be added to an updated list of owners and managers in Subsection 4.3.2 of your Application and submitted to the Department.

Supplemental Response to Request Number 2:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

/s/ John Mackewich

John Mackewich, Esq.

[REDACTED]

EXHIBIT A



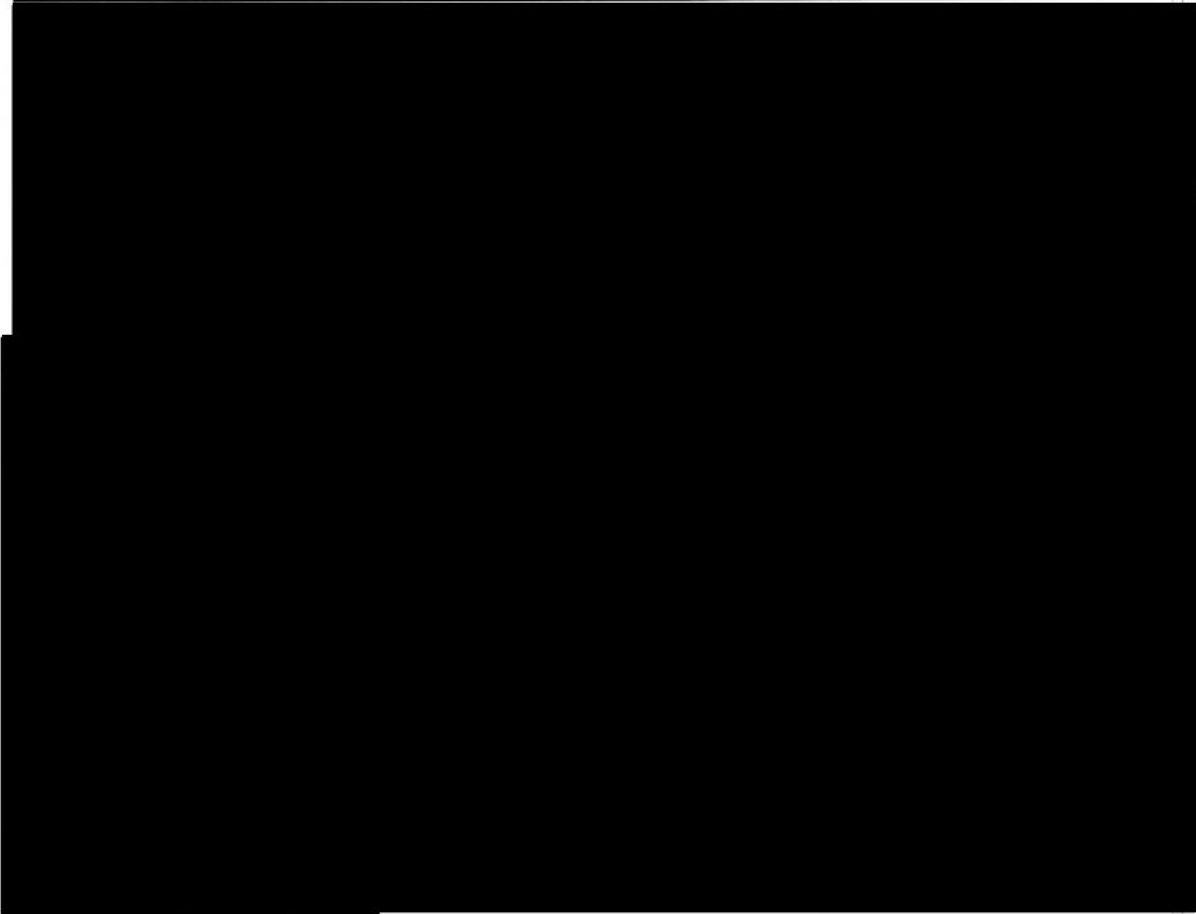


EXHIBIT B



**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

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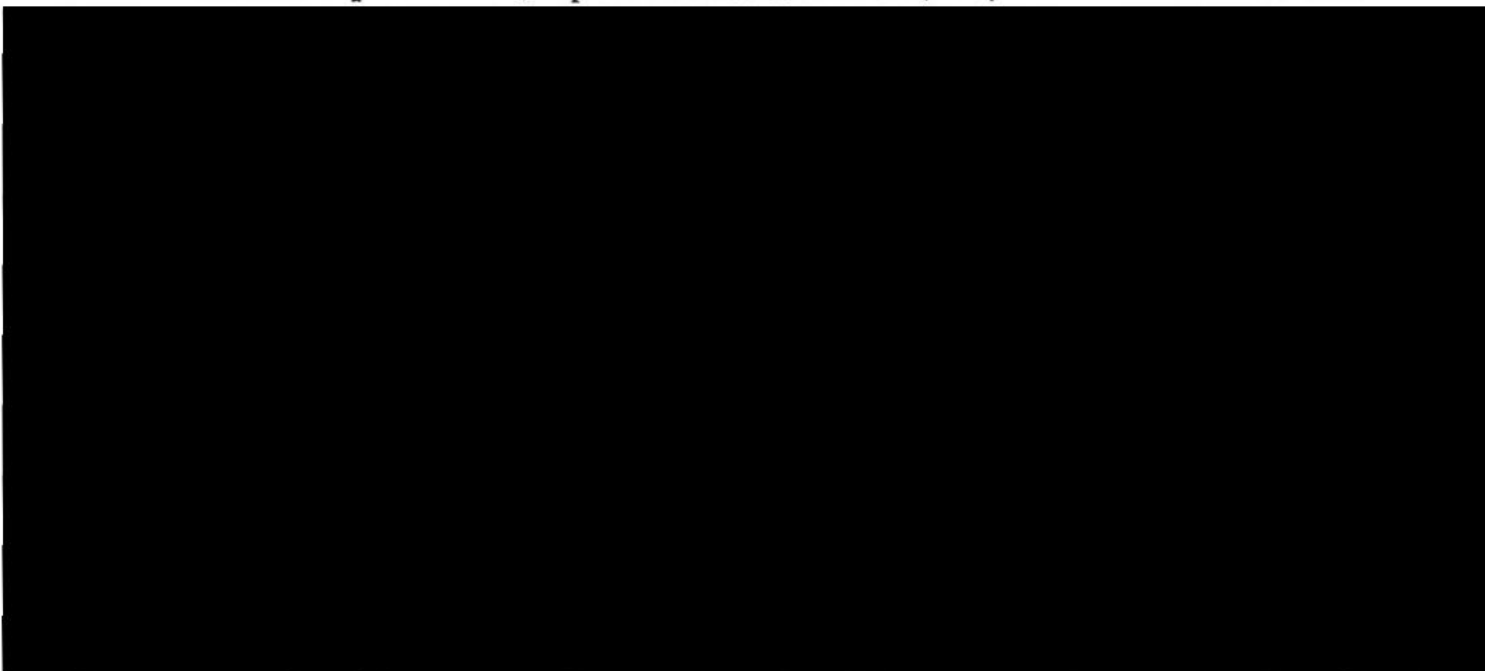


EXHIBIT C

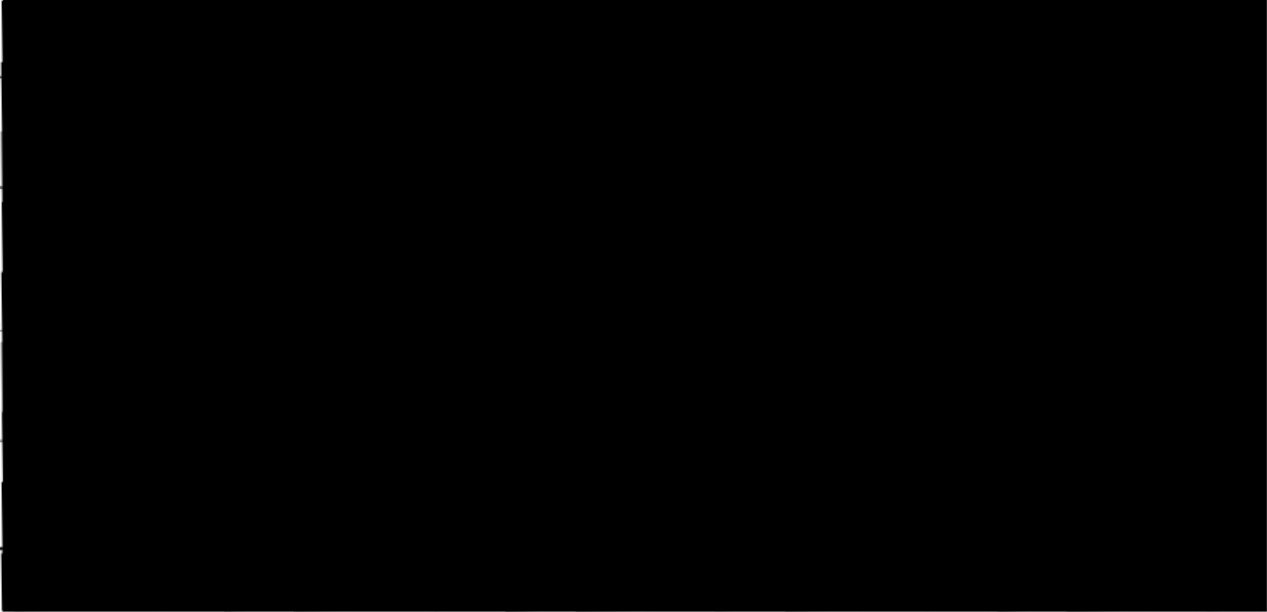


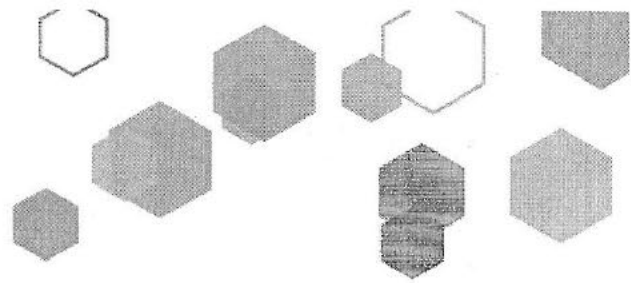
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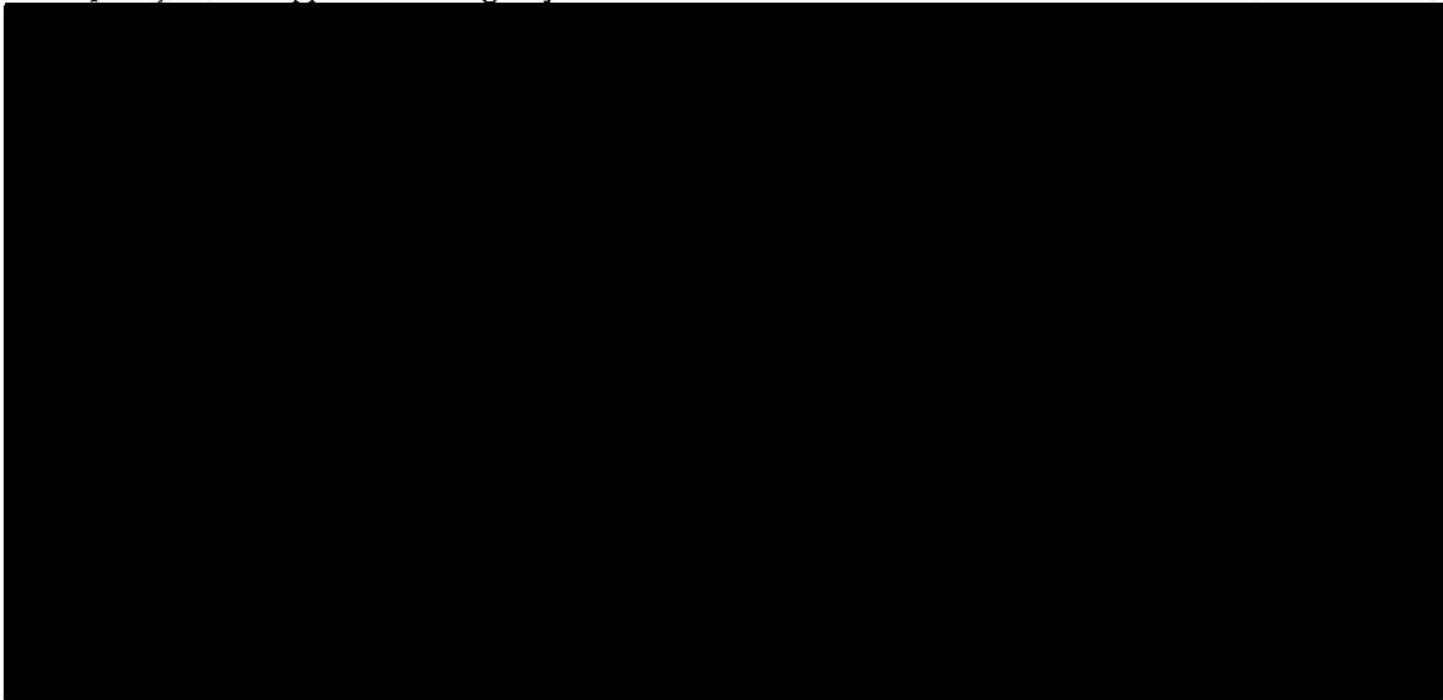


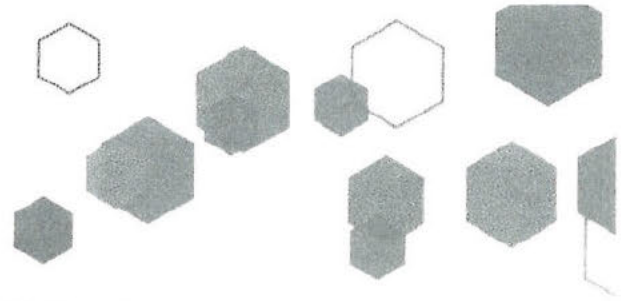
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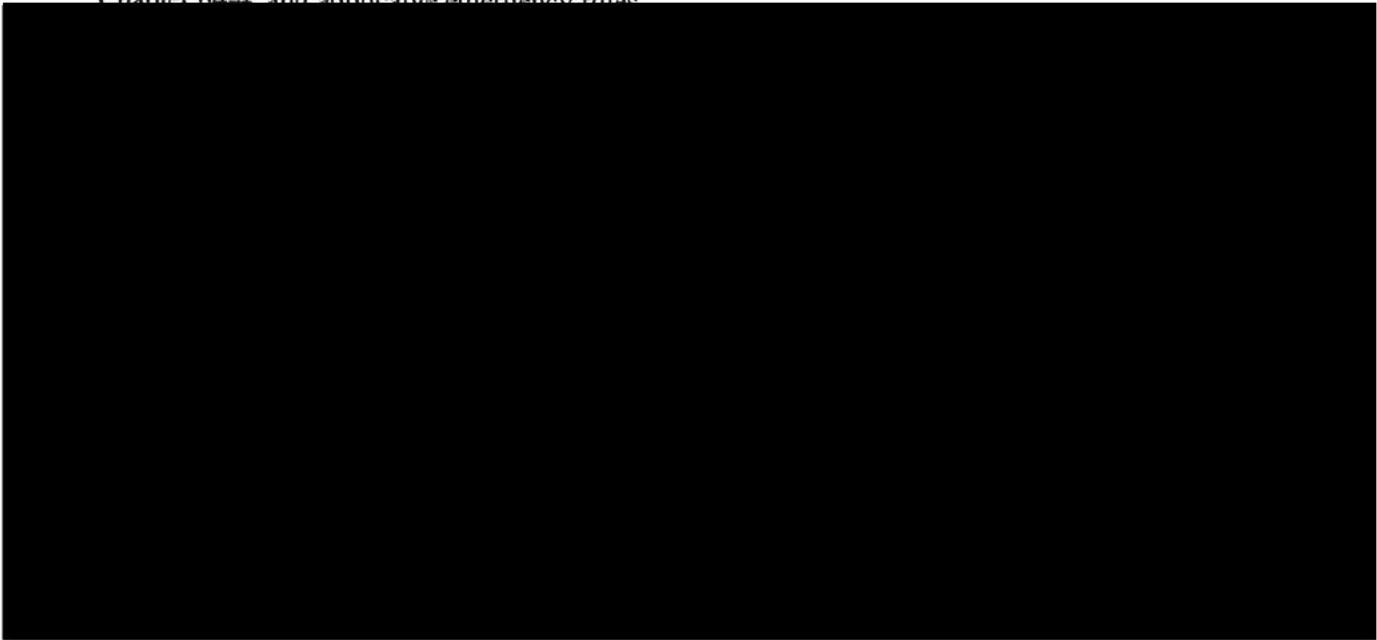


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Exhibit D

Subsection 4.3.3

Level 2 Background Screening (no page limit)

Requirement: Applicants must provide the following information in Subsection 4.3.3 of their applications:

1. A complete list of the applicant's owners and managers with the following:
 - a. The individual's name;
 - b. Whether the individual is an owner or manager;
 - c. The individual's email address;
 - d. The individual's physical mailing address; and
 - e. The TCN number assigned to the individual by the Livescan Service Provider.

Response: Epic Cannabis Dispensaries LLC submits the forgoing information for each owner and manager. \

Applicant's Owners and Managers Information

