

To: Christopher Kimball

Director, Office of Medical Marijuana Use

Florida Department of Health

4052 Bald Cypress Way, Bin M-01 Tallahassee, FL 32399

RECEIVED
DEPARTMENT OF HEALTH
2023 JUN 16 PM 12:52
OFFICE OF THE CLERK

RE: **Response to Errors and Omission Letter**

Dear Christopher Kimball,

On April 28, 2023, the Florida Department of Health received our application for MMTC licensure (the “Application”). The Department has identified the following apparent errors or omissions in our application. Please find our response included.

1. Subsection 4.3.3, Level 2 Background Screening

- [REDACTED] 435.09 – Form 2 includes an updated date of birth of [REDACTED] 435.09 [REDACTED], which makes this individual [REDACTED] 435.09 [REDACTED].
- [REDACTED] 435.09 – Form 2 includes an updated date of birth of [REDACTED] 435.09 [REDACTED], which makes this individual [REDACTED] 435.09 [REDACTED].

We have included a corrected and complete Form 2 executed by the above-listed individuals.

Additionally, although it appears that our list of owners and managers in Subsection 4.3.3 of the Application may be incomplete. The Addendum to Subsection 4.10.1 of our application identifies multiple individuals who do not yet meet the definition of “owner” or “manager” in Emergency Rule 64ER20-31. Please note anyone who is not listed as an owner or manager will not be a part of our phase one team. Once we are ready to fully onboard those persons listed, we ensure that if they meet the definition of “owner” or “manager,” they will submit a completed Form 2 to the

Department and full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening.

2. Subsection, 4.13.3, Capitalization Tables, Change of Control, and Related Entities

For purposes of ownership attribution, we have provided the nature of the familial relationship below, among and between the individuals listed in Subsection 4.13.3 of the Application.

- 119.0715 - [REDACTED] [REDACTED] [REDACTED]
- [REDACTED] - [REDACTED] [REDACTED] [REDACTED]
- [REDACTED] - [REDACTED] [REDACTED] [REDACTED]
- [REDACTED] - [REDACTED] [REDACTED] [REDACTED]

Additionally, included is the Operating Agreement for Green Essence Florida, LLC.

3. Section 4.15, Citrus Preference Documentation

We confirm that the correct address is [REDACTED] 119.0715.

We agree that our application does not include a deed or other recorded document demonstrating that Green Essence Florida, LLC, holds legal ownership of the facility. Although the Application includes a lease by [REDACTED] 119.0715 and a sublease to Green Essence Florida, LLC, that is not considered ownership.

However, please consider Green Essence Florida, LLC still attest that, for the facility (or facilities) identified in Section 4.15 of the application, GEF will use or convert the facility (or facilities) for the processing of marijuana if awarded an MMTC license. Furthermore;

The address for the facility was used for the canning, concentrating, or otherwise processing of citrus fruit or citrus molasses.

119.0715

The name of the natural person and entity that is or was regulated under Chapter 601, F.S., for the canning, concentrating, or otherwise processing of citrus fruit or citrus molasses at the facility identified in item 1;

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The time period during which the facility was used for canning, concentrating, or otherwise processing of citrus fruit or citrus molasses;

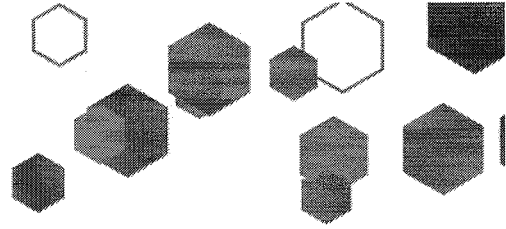
Between 2008 to 2017

Sincerely,

Jasmine Johnson

CEO, Green Essence Florida

DocuSign Envelope ID: 89630212-BAD3-48ED-8568-0C6A6CBFBA41



**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.

435.09

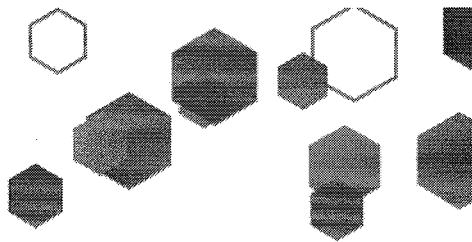
Email

Green Essence Florida, LLC

MMTC Applicant Name

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

DocuSign Envelope ID: DB5EEE26-1F2D-4406-B71D-B2E4DE352287

Office of MEDICAL
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435.09

Email

Green Essence Florida, LLC

MMTC Applicant Name

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

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