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FILED *CU*
Secretary of State
State of California *TMS*

ARTICLES OF INCORPORATION

KING HARVEST

AUG 22 2014

**I.
CORPORATION NAME**

1cc

The name of the corporation is KING HARVEST.

**II.
PURPOSE**

A. This corporation is a nonprofit Mutual Benefit Corporation organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.

B. The specific purpose of this nonprofit Corporation is to form a Collective which will facilitate and organize transactions between members who collectively cultivate and possess marijuana for medical purposes pursuant to Proposition 215, The Compassionate Use Act, Health and Safety Code Sections 11362.5 et seq. The Collective shall limit access to medical marijuana to members who are qualified medical marijuana patients and/or primary caregivers pursuant to Health and Safety Code Section 11362.5(a) & (e).

**III.
AGENT OF SERVICE**

The name and address in the State of California of this corporation's initial agent for service of process is:

Lee Simpson
13681 Newport Ave., Suite 8420
Tustin, California 92780

**IV.
CORPORATE ADDRESS**

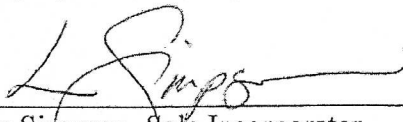
A. The initial street address of the corporation is 13681 Newport Ave., Suite 8420 Tustin, California 92780.

B. The initial mailing address of the corporation is 13681 Newport Ave., Suite 8420 Tustin, California 92780.

V.
LIMITATIONS ON PURPOSE

Notwithstanding any of the above statements of purposes and powers, this corporation shall-not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purposes of this corporation.

Date: August 21, 2014



Lee Simpson, Sole Incorporator

I hereby certify that the foregoing
is a full, true and correct copy of the
original returned to the custody of the
California Secretary of State.



AUG 26 2014

Date: _____
DEBRA BOWEN, Secretary of State

0-11-10

I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

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I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 26 2014 *Ar*

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State