

TRANSMITTAL LETTER

000000046031

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EZ Kare Pharmacy, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003241516--2
-05/05/00--01090--018
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Ileana Soto
Name (Printed or typed)

3289 SW 175 ave.
Address

Miramar FL 33029
City, State & Zip

954-4304172
Daytime Telephone number

FILED
2000 MAY -5 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EZ Kare
Pharmacy, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1840 West 49th Street, Suite 220-9
Hialeah Fl. 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ileana Soto
3289 SW 175 Ave
Miramar Fl. 33029.

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Irene Herrera
18700 NW 78 Ave.
Miramar Fl. 33015.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ileana Soto
3289 SW 175 Ave
Miramar Fl. 33029.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Irene Herrera
Signature/Registered Agent

5/1/00
Date

Ileana Soto
Signature/Incorporator

5/1/00
Date

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