

P030000055296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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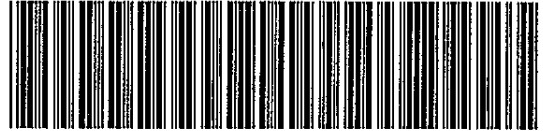
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/09--01052--011 **70.00

FILED
03 MAY 12 AM 9:38
TALLAHASSEE
FLORIDA
STATE

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Canadian Drug Discounters of Winter Haven, Inc
(Proposed Corporate Name - Must Include Suffix)

Enclosed are 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
& Certificates of
Status

ADDITIONAL COPY REQUIRED

From: Kim Rutherford
Canadian Drug Discounters of Winter Haven, Inc
Name (Printed or typed)

634 1ST Street SE
Address

mail to:
903 West Lake Oaks Dr
Winter Haven, FL 33880

Winter Haven, FL 33880
City, State & Zip

863-297-5212
Daytime Telephone Number

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Canadian Drug Discounters of Winter Haven, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

634 1st St SE
Winter Haven, FL 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide service for people to obtain Canadian
products

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Kim Rutherford
903 W. Lake Otis Dr
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporation is:

Kim Rutherford
903 W. Lake Otis Dr
Winter Haven, FL 33880

.....
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

Kim Rutherford
Signature/Registered Agent

5/8/03
Date

Kim Rutherford
Signature/Incorporator

5/8/03
Date