## P05000141984

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(213, 23.11.2)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
	<u> </u>	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

1.399 T. Hampton OCT 2 0 2005

## **COVER LETTER**

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

SUBJECT:	What Went wron	z in Phamacy,	Inc.
Enclosed are an ori	(PROPOSED CORPORA	TE NAME - MUST INCLI	
\$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	PO Box 17	(Printed or typed)	-2083
	954 30	State & Zip  9 - 9665 elephone number	

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

LOUIS SOTO P O BOX 172083 HIALEAH, FL 33017-2083

SUBJECT: WHAT WENT WRONG WITH PHORMACY, INC.

Ref. Number: W05000044399

We have received your document for WHAT WENT WRONG WITH PHORMACY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 305A00058741

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:					
What Went Wrong In Phomacy, Inc.					
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
PO Box 172083, Hialeah, Florida	33017-2083				
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:					
Publish Books	200 SE				
ARTICLE IV SHARES The number of shares of stock is:	PILED  2005 OCT 19 AM 8: 15  SECRETARY UF STATE FALLAHASSEE, FLORIDA				
100 Shares	SEC F				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):					
Louis Soto, principle owner	NDA 15				
PO Box 172083 Hialeah, Florida 33017-2083					
The name and Florida street address (P.O. Pay NOT acceptable) of the registered exert is					
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:					
Bdry Chase 21 SE First Ave, Suite 700					
21 SE First Ave, Suite 400					
ARTICLE VII INCORPORATOR 33131					
The <u>name and address</u> of the Incorporator is:					
Louis Soto					
PO BOX 172083					
PO BOX 172083	de skrake ale ale ale ale ale ale ale ale ale al				
Having been named as registered agent to accept service of process for the above stated corporation at the pl certificate, I applimiliar with and accept the appointment as registered agent and agree to act in this capacity	ace designated in this				
	2 15-				
Signature/Registered Agent Date	<u></u>				
Signature/Registered Agent Date  9-19 9-19 9-19 9-19 9-19	5				

Signature/Incorporator