

**PO 90000 51243**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

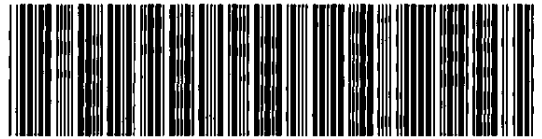
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**RECEIVED JUN 11 2009**

Office Use Only



**300155949033**

06/11/09--01056--014 \*\*78.75

**COVER LETTER**

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

SUBJECT: YOUT QuickPharm 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Daryl M Stewart Jr.  
Name (Printed or typed)

114 S Semoran Blvd  
Address

Orlando FL 32807  
City, State & Zip

1-407-737-6633  
Daytime Telephone number

www.quickpharm@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: **YOUN QUICKPHARM INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
**114 S Semoran BLVD Orlando FL 32807**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**We are a retail Pharmacy**

**ARTICLE IV SHARES**

The number of shares of stock is:  
**10**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **Daryl M Stewart Jr.  
114 S Semoran BLVD  
Orlando FL 32807**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**Daryl M Stewart Jr  
114 S Semoran BLVD  
Orlando FL 32807**

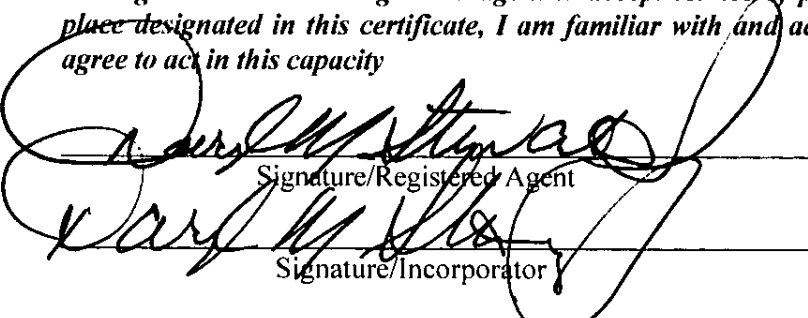
**ARTICLE VII INCORPORATOR**

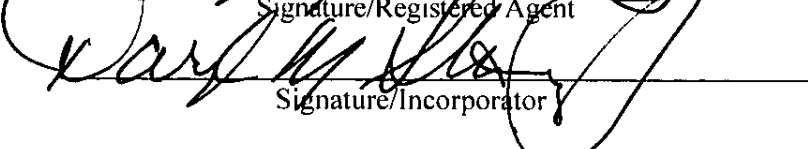
The name and address of the Incorporator is:

**Daryl M Stewart Jr  
114 S Semoran BLVD  
Orlando FL 32807**

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

**6-8-09**  
\_\_\_\_\_  
Date

**6-8-09**  
\_\_\_\_\_  
Date