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Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION
DCQ PHARMACY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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Electronic Filing Menu Corporate Filing Menu Help

H14000198329

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: DCQ pharmacy INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
57 West 3rd st
Hialeah, Fl 33010

Mailing address, if different is:
P.O.BOX 28256
Hialeah, FL 33002

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dayami Quesada President
Address: 57 West 3rd st
Hialeah, Fl 33010

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

11 AUG 22 PM 2:11
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TALLAHASSEE, FLORIDA

H14000198329

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Dayami Quesada

Address: 57 West 3rd St

Hialeah, Fl 33010

ARTICLE VII INCORPORATOR

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

Name: Dayami Quesada

Address: 57 West 3rd St

Hialeah, Fl 33010

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

_____ 8/22/14

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 8/22/14

Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA