

07/31/2014

#2185 P.01/003

P1400078143

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000220860 3)))



H140002208603-BCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BENNY RX PHARMACY INC.**

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

RECEIVED

14 SEP 19 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 19 PM 1:01

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

gf 9/22/14

H14000220860

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

Benny Rx Pharmacy Inc.

Article II - Principal and Mailing Address

146 NW 27 Ave
Miami FL 33125

FILED
14 SEP 19 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Yuniali Arguelles (P)

Article V - Registered Agent

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

Yuniali Arguelles
146 NW 27 Ave
Miami FL 33125

Article VI - Incorporator

The name and address of the incorporator is:

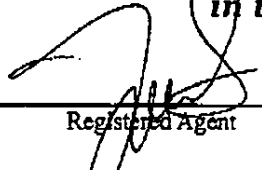
Yuniali Arguelles
146 NW 27 Ave
Miami FL 33125

H14000220860

H14000220860

Required Signatures:

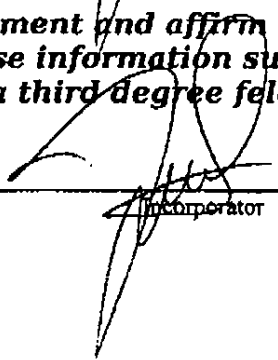
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent9/19/2014

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.



Incorporator9/19/2014

Date

FILED
14 SEP 19 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000220860