

PI5000013726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

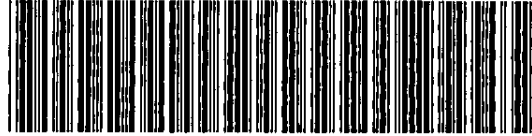
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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02/02/15--01027--001 **87.50

FILED
15 FEB - 2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Choice Rx Pharmacy 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
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mary Jo Thiboult

Name (Printed or typed)

4315 SW Cherokee Street

Address

Palm City, FL 34990

City, State & Zip

7728349496

Daytime Telephone number

maryjotbolt@aol.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: Choice Rx Pharmacy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2010 NW Federal Highway

Stuart, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business allowed by law in the State of Florida

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Jo Thibout, President Name and Title: _____

Address: 2010 NW Federal Highway Address: _____

Stuart, FL 34994 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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:

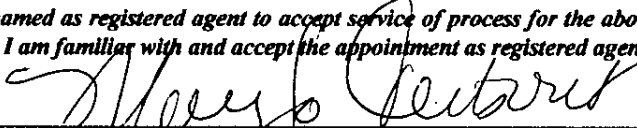
Name: Mary Jo Thiboult
Address: 2010 NW Federal Highway
Stuart, FL 34994

ARTICLE VII INCORPORATOR

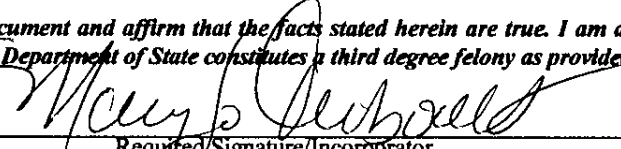
The **name and address** of the Incorporator is:

Name: Mary Jo Thiboult
Address: 2010 NW Federal Highway
Stuart, FL 34994

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

 1/28/2015
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.

 1/28/2015
Required Signature/Incorporator Date