

F96000002888

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: APOTHECARY, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W96-10564

Laura E. Arnoff, Esquire
(Name of Person)

700001827267
-05/17/96--01035--004
***131.25 ***131.25

Richard S. Rachlin, P.A.
(Firm/Company)

712 U.S. Highway One, Suite 400
(Address)

North Palm Beach, Florida 33408
(City/State/Zip)

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DIVISION OF CORPORATIONS
JUN 10 1995
PH 2:28

Should you need to call someone concerning this matter, please call:

Laura E. Arnoff, Esq. at (407) 844-3600
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 17, 1996

LAURA E. ARNOFF, ESQ.
RICHARD S. RACHLIN, P.A.
712 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH, FL 33408

SUBJECT: APOTHECARY, INC.
Ref. Number: W96000010564

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We have received your document for APOTHECARY, INC. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please **RETURN ALL DOCUMENTATION** to the **ATTENTION** of the **DOCUMENT SPECIALIST** indicated.

Please return 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 (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 596A00024658

CORPORATE RESOLUTION
ADOPTED BY SOLE DIRECTOR AT
ORGANIZATIONAL MEETING
OF
APOTHECARY, INC.

The undersigned, being the sole Director hereby adopts the following resolution:

- (1) RESOLVED, that the corporation's alternate name for use in the State of Florida shall be APOTHECARY OF THE PALM BEACHES, INC., and it hereby is, approved and adopted by the director of this corporation.

Dated: 6/5/96


Director

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. APOTHECARY, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada
(State or country under the law of which it is incorporated)
3. 86-0350523
(FEI number, if applicable)
4. 7/15/94
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. February, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.133, F.S.))
7. 712 U.S. Highway One, Suite 400

North Palm Beach, Florida 33408
(Current mailing address)

8. Real Estate
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

RICHARD O. KUNZ
Name: ~~Patricia Del Campo c/o CT Corporation~~

Office Address: 429 Belvedere Road
~~1200 South Pine Island Road~~
West Palm Beach, FL 33405
~~Plantation~~ , Florida, 33324
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

Vice Chairman: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

Director: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33408

Vice President: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

Secretary: Richard O. Kunz, DVM

Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

Treasurer: Richard O. Kunz, DVM

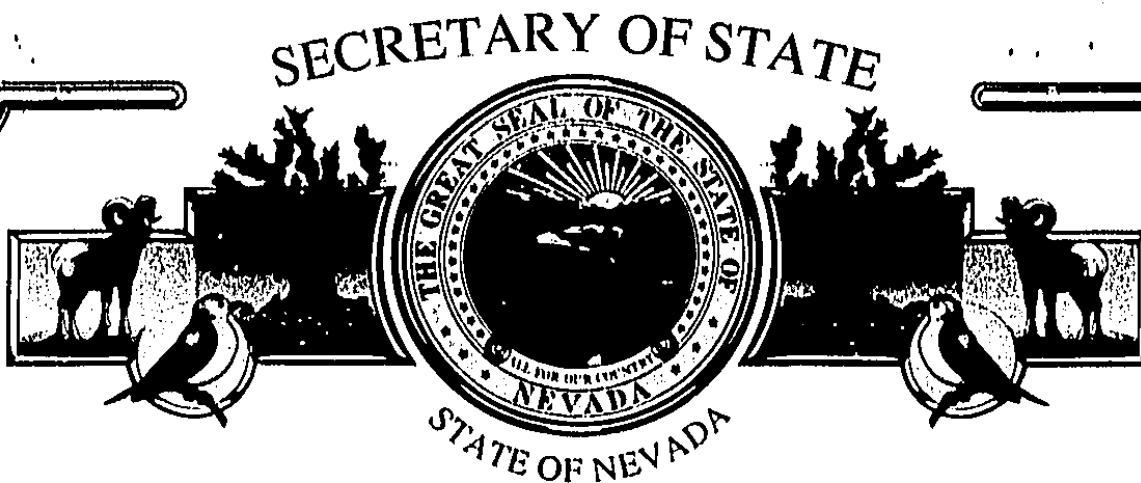
Address: 2000 Palm Beach Lakes Boulevard, Suite 900, West Palm Beach, FL 33409

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard O. Kunz, DVM - Chairman
(Typed or printed name and capacity of person signing application)

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**CERTIFICATE OF CORPORATE EXISTENCE
(EXCLUDING AMENDMENTS)**

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **APOTHECARY, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on May 7, 1996.



Dean Heller

Secretary of State

By

Wm. D. ...

Certification Clerk

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