

TRANSMITTAL LETTER
P00000011758

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

300003114449--7
-01/28/00-01053-012
*****78.75 *****78.75

SUBJECT: YOUR PHARMACIST CARES, INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: FRANK A. MARIANO, PRESIDENT
Name (Printed or typed)

1189 S.W. 4 STREET
Address

BOCA RATON, FLORIDA 33486
City, State & Zip

561-394-0854
Daytime Telephone number

FILED
00 JAN 28 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

CPB
2-3-00
2

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

YOUR PHARMACIST CARES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1189 S.W. 4 STREET
BOCA RATON, FLORIDA 33486

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

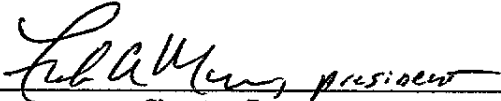
The name and Florida street address of the initial registered agent are:

FRANK A. MARIANO, PRESIDENT
1189 SW 4 STREET
BOCA RATON, FLORIDA 33486

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

FRANK A. MARIANO, PRESIDENT
1189 SW 4 STREET
BOCA RATON, FLORIDA 33486



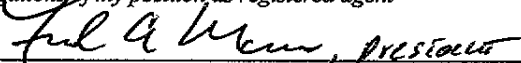
Signature/Incorporator

1-26-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

1-26-00

Date

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TALLAHASSEE FLORIDA