

P00000035539

TRANSMITTAL LETTER

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

400003188624--1
-03/29/00--01062--016
*****87.50 *****87.50

SUBJECT: Pharmakon, 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

FILED
00 APR -6 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM: Gladys Perez
Name (Printed or typed)

6611 SW 148 Ct.

Address

Miami, Fl 33193

City, State & Zip

305-388-7889

Daytime Telephone number

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

S. Thompson APR 07 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 3, 2000

GLADYS PEREZ
6611 SW 148 CT.
MIAMI, FL 33193

SUBJECT: PHARMAKON, INC.
Ref. Number: W00000008749

We have received your document for PHARMAKON, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 100A00018055

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:

Pharmakon Meds, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8410 SW Flagler St. #104-B
Miami, Fl 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drugstore, pharmacy, medical supplies and over the counter items

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Alicia Tuma - 10570 SW 26 St., Miami, Fl 33165

ARTICLE VI REGISTERED AGENT

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

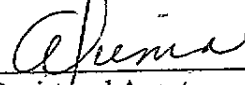
Alicia Tuma - 10570 SW 26 St., Miami, Fl 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Alicia Tuma - 10570 SW 26 St., Miami, Fl 33165

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



Signature/Registered Agent

04/04/2000
Date



Signature/Incorporator

04/04/2000
Date

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00 APR -6 AM 9:37
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TALLAHASSEE FLORIDA