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TRANSMITTAL LETTER

00 MAY -2 PM 12:40
TALLAHASSEE, FLORIDA

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

000003235810--3
-05/02/00--01092--002
*****87.50- *****87.50

SUBJECT: PHARMACY CARD 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/copy

87.50
~~\$122.50~~
☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
Additional Copy Required

FROM: FERNANDO EGEA
Name (printed or typed)

11201 S.W. 108 CT
Address

MIAMI FL 33176.
City, State & Zip

305-378-5604.
Daytime Telephone number

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

D. BROWN MAY - 3 2000

ARTICLES OF INCORPORATION

FILED
00 MAY -2 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

PHARMACY CARD INC,

ARTICLE II PRINCIPAL OFFICE

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

11201 S.W. 108 CT
MIAMI FL. 33176.

ARTICLE III SHARES

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

ONE Hundred (100) SHARES with the PAR
VALUE OF ONE hundred dollars.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FERNANDO EGEA
11201 S.W. 108 CT
MIAMI FL. 33176.

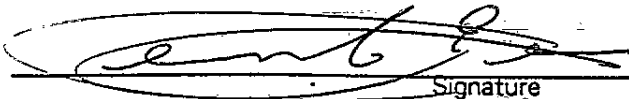
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FERNANDO Egea.
11201 S.W. 108th
MIAMI FL 33176.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of April, 192000.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

FILED
00 MAY -2 PM 12:40
STATE
CLERK

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PHARMACY CARD, INC.

2. The name and address of the registered agent and office is:

FERNANDO EGEA

(Name)

11201 S.W. 108 CT

(P.O. Box or Mail Drop Box **NOT** acceptable)

MIAMI FL 33176

(City/State/Zip)

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)

04/27/00
(Date)