

TRANSMITTAL LETTER

200003270342-1
-05/30/00--01085-015
*****78.75 *****78.75

SUBJECT: Pharmacy Concepts, 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: Thomas J. Fry
Name (Printed or typed)

P.O. Box 2241
Address

Windermere, FL 34786
City, State & Zip

(407) 341-8929
Daytime Telephone number

FILED
00 MAY 30 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Pharmacy Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 2241
Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Thomas J. Fry
1245 Oakdale St.
Windermere, FL 34786

ARTICLE VI REGISTERED AGENT

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

Thomas J. Fry
1245 Oakdale St

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas J. Fry
1245 Oakdale St.
Windermere, FL 34786

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

Date

5-23-00

Signature/Incorporator

Date

5-23-00

00 MAY 30 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED