

70000085807

TRANSMITTAL LETTER

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

SUBJECT: PHANTASTIC PHARMACIST, INC.

(Proposed corporate name - must include suffix)

700003385347--7  
-09/07/00--01056--009  
\*\*\*131.25 \*\*\*\*\*87.50

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

HARVI LIPSHULTZ

Name (Printed or typed)

20972 SHADY VISTA LANE

Address

BOCA RATON, FLORIDA 33428

City, State & Zip

(561) 889-6399

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP - 7 AM 7:57

FILED

T BROWN SEP 12 2000

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

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the pupose of forming a corporation under the Florida Business Corporation Act, here adopt(s) the folowing Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

PHANTASTIC PHARMACIST, INC.

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TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

20972 SHADY VISTA LANE  
BOCA RATON, FLORIDA 33428

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HARVI LIPSHULTZ  
20972 SHADY VISTA LANE  
BOCA RATON, FLORIDA 33428

## ARTICLE V INCORPORATOR(S)

### See instructions for officers/directors

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

HARVILIPSHULTZ  
20972 SHADY VISTA LANE  
BOCA RATON, FLORIDA 33428

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

3 day of SEPTEMBER, 2000

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

x Harvilipshultz  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 PHANTASTIC PHARMACIST, INC.

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

HARVILIPSHULTZ

(NAME)

20972 SHADY VISTA LANE

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

BOCA RATON, FLORIDA 33428

(CITY/STATE/ZIP)

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00 SEP -7 AM 7:57  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

*Having been named as registered agent and to accept service of the 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.*

x Harvi Lipshultz  
(SIGNATURE)

9-3-00  
(DATE)