PHADDID3650

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

SUBJECT:

900003451849--9 -11/03/00--01095--001 *****78.75 ******78.75

	(Proposed corp	orate name - must include sui	ffix)	_
losed is an origin	nal and one(1) copy of the artic	les of incorporation and a	a check for :	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	✓\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM		Printed or typed)		,
	1135 Pasadena Avenu	e South, Suite 140 Address	TALLAH	OD NOV-6
		33707 7, State & Zip	ASSEE, FI	우 쿺 ㅁ
	(727) 347-5131 Daytime	Telephone number		9:46

PERSONAL PRESCRIPTION PLANS, INC.

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



ARTICLES OF INCORPORATION

OF

PERSONAL PRESCRIPTION PLANS, INC.

PARTIES AND SHOT

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

PERSONAL PRESCRIPTION PLANS, INC.

The address of the principal office of this corporation shall be 6850 Bay Street, St Pete Beach, FL 33706, and the mailing address of the corporation shall be P.O. Box 66010, St Pete Beach, FL 33736.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1135 Pasadena Avenue South, Suite 140, St Petersburg, Florida 33707, and the name of the initial registered agent of the corporation at that address is Robert J. Myers.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one (1) officer and one (1) director initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Beth Creek President/Secretary/ Treasurer/Director

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6850 Bay Street St Pete Beach, FL 33706

ARTICLE VI. INCORPORATOR

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

> Robert J. Myers Akerson Law Offices 1135 Pasadena Avenue South Suite 140 St Petersburg, Florida 33707

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 2 day of November, 2000.

ROBERT J. MYERS, Incorporator

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.

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PERSONAL	PRESCRIPTION	PLANS.	INC.

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

Robert J. Myers, Esq.	DO I
(Name)	三篇 2 元
1135 Pasadena Avenue South, Suite 1	40 夏 5 6
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
St Petersburg, FL 33707	
(CITY/STATE/ZIP)	
	. <u> </u>

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314