## PHAD 112246

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

P. O. Box 6327	÷		
Tallahassee, FL 32314			
SUBJECT:	Clover Pl (Proposed corpor	ate name - must include suf	200003483452- -12/01/000107401 ******78.75 ******78 
			J. J
Enclosed is an original an	d one(1) copy of the articles	of incorporation and a	check for :
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	LYDIA Name (Pr	E. COLL	-INS PER BET
	3325 T	AMPA ROA	ELED ELED SILE 27
	PALM HAR	BOR, FL.	34684 2
	(727) 77 ô	C - 6868	· · · · · · · · · · · · · · · · · · ·

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

## ARTICLES OF INCORPORATION

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

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ODDEC-1 AM 11:27 TALLAHASSEE FLOORE
TAHASSEE FLOOR
61795

ARTICLE I	NAME
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The name of the corporation shall be:

Clover Pharmacy, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3325 Tampa Road
Palm Harbor, FL. 34684

ARTICLE III SHARES

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

400 No Par Value

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lydia E. Collins

3325 Tampa Road

Palm Harbor, Fl. 34684

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:
Lydia E. Collins and Michael A. Collins
3325 Tampa Road

Palm Harbor, Fl. 34684

11/28/2000

effective date 1/1/2001

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

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/Registered Agent