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TRANSMITTAL LETTER

Department of State Division of Corporations P.O.Boz 6327 Tallahassee, Fl. 32314

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-01/17/0101052002	
****122.50 *****78.75	

MEDS EXPRESS CORP. SUBJECT: _

(Proposed corporate name-mustinclude 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

X \$ 122.50

Filing fee & Certified Copy \$ 131.25

Filing Fee, **Certified Copy** & Certificate

FROM:

JOSE J. QUIROS

Name (printed or typed)

444 SW 64 CT Address

MIAMI, FLORIDA 33144

(City/State/Zip)

(305) 267-4187 **Daytime Telephone Number**

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

ARTICLE OF INCORPORATION

FILED

OI JAN 17 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDS EXPRESS CORP.

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:

MEDS EXPRESS CORP.

ARTICLE II PRINCIPAL OFFICE

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

5570 NE 4 Ave. Miami, Fl. 33137

ARTICLE III SHARES

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

ONE HUNDRED (500) SHARES WITH FIVE DOLLARS (\$1.00) PER VALUE PER SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE J. QUIROS 444 SW 64 CT MIAMI, FLORIDA 33144

ARTICLE V INCORPORATOR (S)

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

Arturo Gonzalez

(PRESIDENT)

120 SW 31 Road. Miami, Fl. 33129

Ramon Hernandez

(TREASURE, SECRETARY)

120 SW 31 Road, Miami. Fl. 33129

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12 day of <u>January</u>, 2001.

Signature

(TREASURE, SECRETARY)

Signature

Signature

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, INTHE STATE OF FLORIDA.

- 1.- The name of the corporation is: MEDS EXPRESS CORP.
- 2.- The name and address of the registered agent and office is:

JOSE J. QUIROS Name

444 SW 64 CT (P.O.Box not acceptable)

MIAMI, FLORIDA 33144

(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 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 obligation of my position as registered agent.

(Signature)