## Pologoo 7083

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

000003551670--7 -01/17/01--01055--011 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	The Medicine (PROPOSED CORPORA	Bin, Inc. TENAME-MUSTINCL	UDE SUFFIX)		
Enclosed is an origina	al and one(1) copy of the article	les 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 CO	OPY REQUIE	ŒD	
FROM:	Robert W. Bats	el, Esquire Printed or typed)	_		
	PO Box 2530	Address	-		
	Ocala, Florida 34478 City, State & Zip			SECRETALLAH	) - =
	352/622-3252 Daytime 1	Telephone number		TARY OF STATASSEE. FLOR	The same of the sa

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

J/1/19

- 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:	
The Medicine Bin, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 942B Southeast 17th Street, Ocala, Florida 34471	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	OI JAN SECRETATALLAHA
To establish, operate and maintain a pharmacy  ARTICLE IV SHARES  The number of shares of stock is:	I AM 9: 4 ARY OF STATESPEE, FLORI
50,000	WIDA
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
Mack Reid Wilburn - Director/President 942B Southeast 17th Street, Ocala, Florida 34471	
Sarah Ann Wilburn - Secretary 942B Southeast 17th Street, Ocala, Florida 34471	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
Mack Reid Wilburn 942B Southeast 17th Street, Ocala, Florida 34471	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Mack Reid Wilburn 942B Southeast 17th Street, Ocala, Florida 34471	•
**************	******

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

Signature/Incorporator

01/15/01 Date

01/15/01 Date