

## TRANSMITTAL LETTER

# P01000080088

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

500004528575--1

-08/10/01--01055--007

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

*Foreign Pharmacy Directory, INC.*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED**

FROM:

*Leslie Piatti*

Name (Printed or typed)

*14035 SW 8457*

Address

*MIAMI FL 33183*

City, State & Zip

*305 382 4870*

Daytime Telephone number

FILED  
01 AUG 10 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

J. BRYAN AUG 15 2001

# 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:

Foreign Pharmacy Directory, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14035 SW 84 ST  
MIAMI, FLORIDA 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT AN INTERNET BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Leslie Piatti, President  
14035 SW 84 ST  
MIAMI, FL 33183

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Joseph Piatti  
14035 SW 84 ST  
MIAMI FL 33183

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Piatti  
14035 SW 84 ST  
MIAMI FL 33183

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED  
01 AUG 10 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA