

PO1000081673

TRANSMITTAL LETTER

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

SUBJECT: DOCTOR TO DOCTOR PHARMACEUTICALS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004536554--7

-08/15/01--01065--019

*****78.75 *****78.75

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: BEATRICE R. LEVIN
Name (Printed or typed)

632 NW 21st STREET
Address

WILTON MANORS, FL 33311
City, State & Zip

954-537-2012
Daytime Telephone number

FILED
01 AUG 15 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED AUG 20 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:

DOCTOR TO DOCTOR PHARMACEUTICALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

632 NW 21ST STREET
WILTON MANORS, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE OF PHARMACEUTICALS TO DOCTORS,
CLINICS, HOSPITALS, PART

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

DR HAROLD A. LEVIN
632 NW 21ST STREET
WILTON MANORS, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BEATRICE R. LEVIN
632 NW 21ST STREET
WILTON MANORS, FL 33311

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

Harold A. Levin, D.D.S.
Signature/Registered Agent

8/13/01
Date

Beatrice R. Levin
Signature/Incorporator

8/13/01
Date