

# P02000032105

TRANSMITTAL LETTER

FILED

02 MAR 18 AM 11:09

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT:

Foreign Medications.com, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500005114115--3  
-03/18/02--01083--017  
\*\*\*\*\*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:

Leslie Pratti

Name (Printed or typed)

14035 SW 84 ST

Address

MIAMI FL 33183

City, State & Zip

305 969 9800

Daytime Telephone number

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

D. WHITE MAR 25 2002

2

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

ForeignMedications.com, INC.

02 MAR 18 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14035 SW 84 ST MIAMI FL 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell a directory of foreign pharmacies  
over the internet.

## 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 Pratti  
14035 SW 84 ST  
MIAMI FL 33183

## ARTICLE VI REGISTERED AGENT

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

Joseph Pratti  
14035 SW 84 ST  
MIAMI FL 33183

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Pratti  
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