P02000121719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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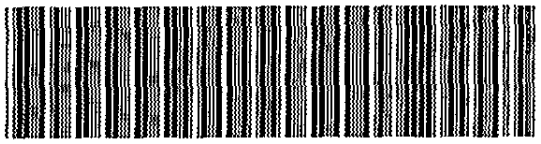

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11-06-02

# TRANSMITTAL LETTER

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

**SUBJECT:** FLORIDA PHARMACY CONSULTING COMPANY
(PROPOSED CORPORATE NAME – MUST INCLUDE 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 of Status | ☐ $78.75 Filing Fee & Certified Copy | ☑ $87.50 Filing Fee, Certified Copy & Certificate of Status |

**ADDITIONAL COPY REQUIRED**

FROM: MONICA SIKORA
Name (Printed or typed)

P.O BOX 4502
Address

TEQUESTA FL. 33469
City, State & Zip

(561) 346 3260
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 6, 2002

MONICA SIKORA
PO BOX 4502
TEQUESTA, FL 33469

SUBJECT: FLORIDA PHARMACY CONSULTING COMPANY
Ref. Number: W02000031830

We have received your document for FLORIDA PHARMACY CONSULTING COMPANY and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 102A00060660

## 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: FLORIDA PHARMACY CONSULTING COMPANY

*ARTICLE II PRINCIPAL OFFICE*

The principal place of business/mailing address is: P. O BOX 4502
TEQUESTA FL 33469

*ARTICLE III PURPOSE*

The purpose for which the corporation is organized is: Pharmacy CONSULTING

*ARTICLE IV SHARES*

The number of shares of stock is: ~~0~~ 11-1200 0 1

*ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)*

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

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*ARTICLE VI REGISTERED AGENT*

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

MONICA SIKORA
275 BEACH Rd B201
TEQUESTA FL. 33469

*ARTICLE VII INCORPORATOR*

The **name and address** of the Incorporator is: MONICA SIKORA
P.O BOX 4502
TEQUESTA FL 33469

**********

*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*

Monica Sikora
Signature/Registered Agent MONICA SIKORA — Date 10/31/02

Monica Sikora
Signature/Incorporator MONICA SIKORA — Date 10/31/02