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SECRETARY OF STATE



TRANSMITTAL LETTER

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

SUBJECT: MC	NROE PHARMACEUTICA			
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
	• • • • • • • • • • • • • • • • • • • •			
\$70.00	□ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	oc Commease of Biatus	a Comica Copy	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	DONNY MOCK		***	
FROM:	Name	(Printed or typed)		3.5
	3866 MARINERS DRIVE			
Address				
	•	-1041(33		
	GULF BREEZE, FL 32563			
-	City,	State & Zip		_
	850-932-9725			iş i
-	Daytime T	elephone number		- 1.

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

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:

MONROE PHARMACEUTICALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3866 MARINERS DRIVE GULF BREEZE, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL OF PHARMACEUTICALS TO PUBLIC

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DONNY MOCK 3866 MARINERS DRIVE GULF BREEZE, FL 32563 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DONNY MOCK 3866 MARINERS DRIVE GULF BREEZE, FL 32563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNY MOCK 3866 MARINERS DRIVE GULF BREEZE, FL 32563

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

STEEL TO WILL ST