

PO3000027705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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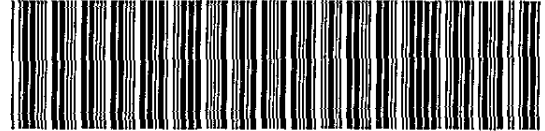
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT:

My Canadian Medications 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:

Sally A. Williams  
Name (Printed or typed)

12551 Lake Ridge Circle  
Address

Clermont, FL 34711  
City, State & Zip

407-947-4586  
Daytime Telephone number

**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:

*My Canadian Medications Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*12551 Lake Ridge Circle  
Clermont, Florida 34711*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*General*

### ARTICLE IV SHARES

The number of shares of stock is:

*50,000*

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*Sally Williams Secretary/Treasurer  
Kendra Stamp President*

### ARTICLE VI REGISTERED AGENT

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

*Sally Williams  
12551 Lake Ridge Circle  
Clermont, FL 34711*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sally Williams - 12551 Lake Ridge Circle, Clermont FL 34711  
Kendra Stamp - 10715 Lake Hill Drive, Clermont FL 34711*

\*\*\*\*\*  
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

*Sally A. Williams*  
\_\_\_\_\_  
Signature/Registered Agent

*3/05/03*  
\_\_\_\_\_  
Date

*Kendra Stamp*  
\_\_\_\_\_  
Signature/Incorporator

*3/05/03*  
\_\_\_\_\_  
Date

03 MAR - 7 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA