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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

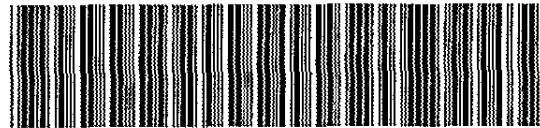
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Pharmacy Solutions of St. Armands, 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:

LYNN M ANDERSON

Name (Printed or typed)

1144 TRILVEST ROAD UNIT 105

Address

SANATOA, FL 34243

City, State & Zip

(941) 809-6531

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:

Pharmacy Solutions of St. Armands, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**1144 TALLEVAULT ROAD, UNIT 105
SARASOTA, FL 34243**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTITUTIONAL CLOSED DOOR PHARMACY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

**LYNN M. ANDERSON PRESIDENT
JANICE P. HEIDEL VICE PRESIDENT
1144 TALLEVAULT ROAD, UNIT 105
SARASOTA, FL 34243**

ARTICLE VI REGISTERED AGENT

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

**LYNN M. ANDERSON
1144 TALLEVAULT ROAD, UNIT 105
SARASOTA, FL 34243**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**LYNN M. ANDERSON
1144 TALLEVAULT ROAD, UNIT 105
SARASOTA, FL 34243**

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

Lynn M Anderson
Signature/Registered Agent

5/1/03
Date

Lynn M Anderson
Signature/Incorporator

5/1/03
Date

FILED
03 MAY -7 AM 8:57
CLERK OF STATE
TALLAHASSEE, FLORIDA