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| (R | equestor's Name) | | |
|---|-------------------------|--|--|
| (A | ddress) | | |
| (A | ddress) | | |
| (C | tity/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (В | usiness Entity Name) | | |
| (D | ocument Number) | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
| | Office Use Only | | |



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03 HAY 12 PH 2: 18
SECRETARY I F STATE
TALLAHASSEE FLORID

ANTHORIZATION BY PHONE TO

JUSTE 3/20

DOC. EXAM A

TRANSMITTAL LETTER

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

| (I KUI OBED COM OMSTELIOMIE PROPERTO POLITIES) | | | | |
|--|--|--|--|--|
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | JOHN S. HALSTED Name (Printed or typed) | | | |
| PO Box 770 486 Address | | | | |
| NA PLES , FL 34107-0486 City, State & Zip | | | | |
| 239 -821 - 6085 Daytime Telephone number | | | | |
| taln Be | neta Beh K | d | | |
| Boneta & | Daytime To Bell K pcf . Bell K NOTE: Please provide the or | 34 ioinal and one conv of | the articles | |

| ARTICLE II PRINCIPAL OFFICE | 82 a 1 |
|--|--|
| The principal place of business/mailing address is: | SEE PLO |
| PO Box 770486 | 765 |
| NAPLES, FL 34107-0486 | THE STATE OF |
| ARTICLE III PURPOSE | T. |
| The purpose for which the corporation is organized is: | Marine de la companya |
| For Profit | |
| | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | · · · · · · · · · · · · · · · · · · · |
| 500 | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | |
| The name(s), address(es) and title(s): | - |
| JOHN S. HALSTED PRES/SEC | _ |
| JOHN 3. MAUSTES 754 | · - |
| The name and Florida street address of the registered agent is: JOHN S. HALSTED | |
| 421.1 BONITH BEAUN Rd. | |
| Hall Bonith BEACH Rd. 34134 | |
| ARTICLE VII' INCORPORATOR | |
| The name and address of the incorporator is: | |
| TOHN S. HALSTED PO BOX 77048 | |
| PO BOX 770486 | • |
| NAPLES 1 FZ 34107-0486 | |
| **:: | |
| . Electron breast recovered for executational amount to market transfer of transporting the above mental any | ******************** |
| Having been named as registered agent to accept service of process for the above stated con- vertificate, I am familiar with and accept the appointment as registered agent and agree to ac | ******************************* poration at the place designated in the place designated in the place are signated in the signa |
| vertificate, I am familiar with and accept the appointment as registered agent and agree to ac | ************************* poration at the place designated in the place designated in the place of the place |
| vertificate, I am familiar with and acceptance dippointment as registered agent and agree to ac | **************************** poration at the place designated in the tin this capacity May J 2003 |
| certificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agree agent and agree to accept the agent age | ****************************** poration at the place designated in the in this capacity Date |
| certificate, I am familiar with and acceptance oppointment as registered agent and agree to ac | *********************** poration at the place designated in the tin this capacity Date Date |
| certificate, I and familiar with and accept the appointment as registered agent and agree to ac | ********************** poration at the place designated in the place designat |

ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

CANADIAN/RX-PRESCRIPTION SERVICES, INC.