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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AUTHORIZATION BY PHONE TO
CORRECT *[Handwritten]*
DATE 5/20
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TRANSMITTAL LETTER

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

SUBJECT: CANADIAN/RX-PRESCRIPTION SERVICES, 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: JOHN S. HALSTED
Name (Printed or typed)

PO Box 770486
Address

NAPLES, FL 34107-0486
City, State & Zip

239-821-6085
Daytime Telephone number

4967 Bonita Beach Rd
Bonita Spcy. 34134

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:

CANADIAN/RX-PRESCRIPTION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

PO Box 770486
NAPLES, FL 34107-0486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

ARTICLE VI REGISTERED AGENT

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

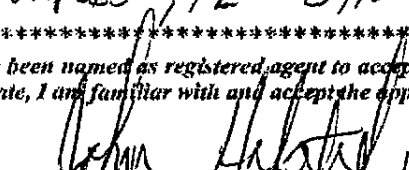
JOHN S. HALSTED
4267 BONITA BEACH RD.
BONITA SPRINGS, FL 34134

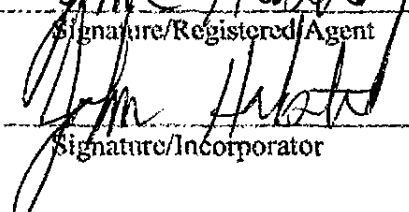
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN S. HALSTED
PO Box 770486
NAPLES, FL 34107-0486

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



Signature/Registered Agent


Signature/Incorporator

May 8, 2003

Date

May 8, 2003

Date

FILED
03 MAY 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA