

# P03000085012

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.  
Account Number : 119990000221  
Phone : (631)224-9004  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**Seeley Medical Pharmacy, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

AUG. 4. 2003 10:13AM

SEELEY MEDICAL

No. 1673 P. 2/3

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**ARTICLES OF INCORPORATION**

***THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,  
HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.***

**ARTICLE I -NAME**

**THE NAME OF THE CORPORATION SHALL BE:**

Seeley Medical Pharmacy, INC.

**ARTICLE II -PRINCIPAL OFFICE**

**The principal place of business & mailing address of this corporation shall be**

1278 Ocean Shore Blvd.  
Ormond Beach, FL 32176

**ARTICLE III -SHARES**

**The number of shares of stock that this corporation is authorized to have at any  
one time is:**

2,000 shares at \$.01 per value

**ARTICLE IV -INITIAL OFFICERS/DIRECTORS:**

**President/V. President/Treasurer/Secretary/Director: Brian D. Seeley  
18 Shadow Creek Way, Ormond Beach, FL 32174**

**ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:**

**The name and Florida street address of the initial registered agent are:**

Brian D. Seeley  
18 Shadow Creek Way, Ormond Beach, FL 32174

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ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

*K Walsh*  
Kerry Walsh  
35 Carleton Avenue  
Islip Terrace, NY 11752  
Kerry Walsh, Incorporator

*8/4/03*

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*[Signature]*  
Brian D. Seeley, Registered Agent

*8-7-03*

Date

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