P03000108725

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP WAIT ☐ MAIL	
(Business Entity Name)	
(Buomese Linky Marie)	
(Document Number)	_
Certified Copies Certificates of Status	
, `	
Special Instructions to Filing Officer:	_
	_
Office Use Only	



800022411828

10/03/03--01003--012 **247.50

4,03

TRANSMITTAL LETTER

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

SUBJECT:V	(PROPOSED CORPORATE)	otion Pho	esuffix)
Enclosed is an origi	nal and one(1) copy of the article		
\$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
	RITA A	ROM: parbanel rinted or typed)	<u> </u>
	3524 -	Trillium (Court
		State & Zip	32312
	· O	- 130	

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Wakulla Station Pharmacy, =	Enc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
3524 Trillium Court Tailahassee, FL 32312	
ARTICLE III PURPOSE	· · · · -
The purpose for which the corporation is organized is:	₹0 0
	3 00T F
ARTICLE IV SHARES	ω [
The number of shares of stock is:	
1 (one)	ijî. 😛
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	29
The name(s), address(es) and title(s):	<u>-</u>
Rita Abarbanel, C.E.O.	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: RITA Abarbanel 3524 Trilium Court Tallahassee, FL 32312 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RITA Abarbanel 3524 Trilium Court Tallahassee FL 32312 *********************************	*****
Having been named as registered agent to accept service of process for the above stated corpor	
certificate, I am familiar with and accept the appointment as registered agent and agree to act i	λ
D+ 06 h ('1c+- ከጓ
Signature/Registered Agent	()cf · 03 \ 03 Date