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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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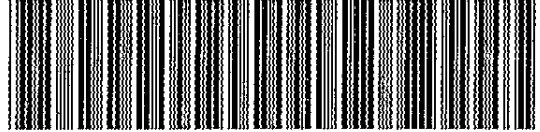
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-03-03

TRANSMITTAL LETTER

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

SUBJECT: PRESCRIPTION SAVERS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LARRY KIDWELL

Name (Printed or typed)

185 SOUTH RONALD REAGAN BLVD. SUITE 109

Address

LONGWOOD, FLORIDA 32750

City, State & Zip

407-786-4451

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:
PRESCRIPTION SAVERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
185 SOUTH RONALD REAGAN BLVD., SUITE 109, LONGWOOD, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO SELL CANADIAN PRESCRIPTION DRUGS

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
LARRY KIDWELL, 185 SOUTH RONALD REAGAN BLVD, SUITE 109, LONGWOOD, FL 32750

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
LARRY KIDWELL, 185 SOUTH RONALD REAGAN BLVD., SUITE 109, LONGWOOD, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
LARRY KIDWELL, 185 SOUTH RONALD REAGAN BLVD, SUITE 109, LONGWOOD, FL 32750

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

11-20-03

Date



Signature/Incorporator

11-20-03

Date

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TALLAHASSEE, FLORIDA