

P03000158489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

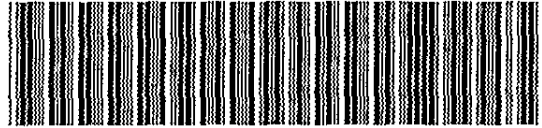
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
TALLAHASSEE, FLORIDA

03 DEC 18 PM 3:53

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## TRANSMITTAL LETTER

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

SUBJECT: Script 1 Pharmaceuticals 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: Marlin K. Green  
Name (Printed or typed)

500 East Beamed Boulevard Suite 1000  
Address

Fort Lauderdale, Florida 33394  
City, State & Zip

(954) 527-2800  
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.**

**ARTICLE 1: NAME**

The name of the corporation shall be: **Script 1 Pharmacies, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
273 South State Rd. 7  
#233  
Margate, Fl 33068

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III: PURPOSE**

The purpose for which the corporation is organized is the formation of pharmaceutical consulting and establishment partnerships.

**ARTICLE IV: SHARES**

The number of shares of stock is: One Thousand

**ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS**

Clifford W. Knights  
273 South State Rd 7  
#233  
Margate, Fl 33068

Steve Vixamar  
273 South State Rd. 7  
#233  
Margate, Fl 33068

**ARTICLE VI: REGISTERED AGENT**

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

Steve Vixamar  
273 South State Rd. 7  
#233  
Margate, Fl 33068

**ARTICLE VII: INCORPORATOR**

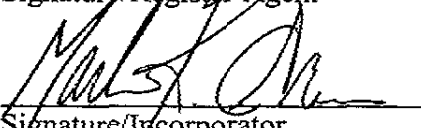
The name and address of the Incorporator is:

Marlin K. Green  
500 East Broward Boulevard  
Suite 1000  
Fort Lauderdale, 33394

.....  
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

12-15-03  
Date

  
Signature/Incorporator

12-15-03  
Date