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P.O. BOX 1238 HI

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VENUE AT 90 WEST

PHONE (850) 682-2336 (850) 682-3559

FAX (850) 682-2779

CRESTVIEV

Decemi

₹ 2003

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

Re:

s's Pharmacy, Inc.

Dear Sir:

BEN L. HOLLEY

I am enclosing herewith the original an Pharmacy, Inc., and Certification of Designation file the originals and return the copies to me at

I am also enclosing my check in the arr

Thank you for your assistance in this n

y of Articles of Incorporation of Weeks's egistered Agent/Registered Office. Please aging filing with the Department of State.

'\$70.00 for filing fee.

#S1

Ben

BLH/mds Encl. XTU.

ARTICLES OF

WEEKS'S F

In compliance with the require, undersigned, being a natural person, hereby act following articles of incorporation for the pure

AR

The name of this Corporation is

ART

The existence of this Corporation

ART

The street address of the initial point of the init

ART

The maximum number of shares shares, par value \$1.00 per share, all of which shall be identical with each other in every respectentialed to one vote for each share on all matters

ARTI

The initial street address of this C Highway 20, Freepeort, Florida. The initial regis

RPORATION

IACY, INC.

incorporator in adopting and filing the organizing a business corporation.

1

S'S PHARMACY, INC.

1-01-01-04

begin on January 1, 2004,

 Π

l office of this Corporation is Building 141, address of the Corporation is Post Office

V

rporation is authorized to issue is 1000 Common Shares. All Common Shares to holders of Common Shares shall be such shareholders have the right to vote.

tion's registered office is Building 141, gent for this Corporation at that address is



GARLON WEEKS.

ART

ART

VI

2435.

The sole incorporator for this C

388 McCall Dairy Road, DeFuniak Springs, Fig.

VII

This Corporation shall indemnif

the fullest extent permitted by law.

The undersigned incorporator has

ectors, officers, employees, and agents to

tion is GARLON WEEKS and his address is

uted these articles of incorporation on the

FILED

CERTIFICATION REGISTERED AGEN

UNDER THE PROVISIONS OF F.S. 607.0 ORGANIZED UNDER THE LAWS OF TI FOLLOWING STATEMENT IN DESIGN OFFICE/REGISTERED AGENT IN THE S

- 1. The name of the Corporation is: WEEF
- 2. The name and address of the registered

GARLON WEEKS Building 141 Highway 20 Freeport, Florida 32439

Having been named as registered agent and to a corporation at the place designated in this certifiand agree to act in this capacity. I further agree relating to the proper and complete performance the obligations of my position as registered agent.

ESIGNATION OF GISTERED OFFICE

HE UNDERSIGNED CORPORATION, ATE OF FLORIDA, SUBMITS THE IS THE REGISTERED SOFFLORIDA.

IARMACY, INC.

ind office is:

SECRETARY OF STATE ALLAHASSEE, FLORIDA

ervice of process for the above-named accept the appointment as registered agent uply with the provisions of all statutes duties, and I am familiar with and accept

ARLON WEEKS

ite: /2/18/53