

PO 4000022971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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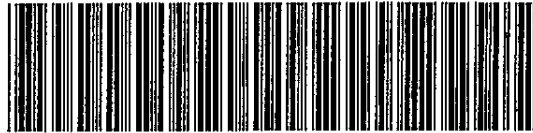
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: CAPITAL DRUGS 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: JOSEPH OLAYINKAMAJ KODENMI
Name (Printed or typed)

1601-16th Street South
Address

St Petersburg, Florida, 33705
City, State & Zip

727-894-0511
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:

CAPITAL DRUGS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1311-22ND ST. So. St Petersburg Florida, 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To dispense Prescriptions and medical drugs

ARTICLE IV SHARES

The number of shares of stock is:

100-hares at 50.00dollar per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joseph Olayinkamaj kodinmi, 1311-22nd St. So. St. Petersburg, Fl. 33712 President

Olu Oyukoyai, Treasurer, 1311-22nd St. So. St. Petersburg, Fl, 33712

ARTICLE VI REGISTERED AGENT

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

Joseph Olayinkamaj, 1601-16th St. So. St. Petersburg, Florida

ARTICLE VII INCORPORATOR

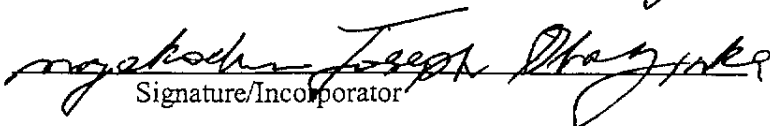
The name and address of the Incorporator is:

Joseph Olayinkamaj, 1601-16th Street South, St. Petersburg, Fl 33705

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

01-22-04
Date


Signature/Incorporator

01-22-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA