P04000065142

| (Requestor's Name) | |
|---|-------------|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT MA | dL. |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| , | |
| Certified Copies Certificates of Status | |
| | |
| | |
| Special Instructions to Filing Officer: | i |
| | |
| | ł |
| | |
| | |
| | |
| | |
| | |

Office Use Only



900032460159

04/15/04--01031--016 **78.75

04 APR 15 611 3:4

- Walst

TRANSMITTAL LETTER

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

| SUBJECT: 6 | M PHARMACY CON: | | | |
|-------------------------|--|--|--|----|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX)</u> | |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | l a check for: | |
| ☐ \$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 | ų, |
| FROM: | CARL L. MOORE | | AT REQUIRED | |
| | 7204 YATOLEY | WAY Address | , | |
| | TAMPA , FLORI | OA 33647 V, State & Zip | | |
| | 813 789 Daytime | - 7241 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) |
|--|
| |
| The name of the corporation shall be: GM Pharmacy Consultants Tue. |
| |
| ARTICLE II PRINCIPAL OFFICE |
| The principal place of business/mailing address is: 7204 LAROLEY WAY TAMPA, FL. 33647 |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: WHOLESALE BUYING CONSULTANT FOR PRISCHIPTION BRIES. |
| ARTICLE IV SHARES |
| The number of shares of stock is: 1000 AUTHORIZED |
| |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| List name(s), address(es) and specific title(s): Ares. CARL MOORE |
| SSC. GAYLE SHEEHAN & I D |
| The number of shares of stock is: 1000 AUTHORIZED ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ares. Care Moore Sic. 9A yee Sheethan Tres. Care Moore ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Care L Moore |
| |
| The name and Florida street address of the registered agent is: CARL L. Meone |
| 7204 (MANON MAN |
| TAMPA, FLORISA 33647 |
| Lumba 1 Consider 3264. |
| ARTICLE VII INCORPORATOR |
| The name and address of the Incorporator is: CARL L. MOONE |
| TAMPA, I-L. 33647 |
| TAMPA, 1-L. 33647 |
| ************************************** |
| 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 |
| 000000000000000000000000000000000000000 |
| (Cut Noce 04 113 104 |
| Signature/Registered Agent Date |
| Signature/Registered Agent Date Out Office of the state |