

P04000072064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95

TRANSMITTAL LETTER

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

SUBJECT: Linear Rx, 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: Jeff Bogan

Name (Printed or typed)

1417 Pinetree rd.

Address

Jacksonville, Fl 32207

City, State & Zip

904-962-2123

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:
Linear Rx, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
4940 Emerson Street
Suite 107
Jacksonville, Fl 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:
10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Jeffrey Scott Bogan President


ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Jeffrey Scott Bogan
1417 Pinetree Rd.
Jacksonville, Fl 32207

ARTICLE VII INCORPORATOR

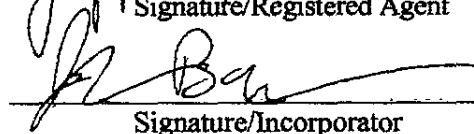
The name and address of the Incorporator is:
Jeffrey Scott Bogan
1417 Pinetree Rd.
Jacksonville, Fl 32207

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

4-26-04
Date



Signature/Incorporator

4-26-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA