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7-21

## TRANSMITTAL LETTER

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

**SUBJECT:** Prescription Cost Insights 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:** Robert S. Verscharen

Name (Printed or typed)

2605 Brewton Ct

Address

Clearwater, Fl. 33761

City, State & Zip

727-772-6076

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:

Prescription Cost Insights *INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2605 Brewton Ct.  
Clearwater , Fl. 33761

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Prescription Cost and Purchasing Consulting Services to Pharmacies , Wholesalers and Pharmaceutical Manufacturers

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert S. Verscharen - President and Principle  
Carole S. Verscharen- Secretary and Treasurer

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert S Verscharen  
2605 Brewton Ct  
Clearwater, Fl. 33761

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert S. Verscharen  
2605 Brewton Ct.  
Clearwater, FL. 33761

\*\*\*\*\*

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

*Robert S Verscharen*

Signature/Registered Agent

*7/1/08*

Date

*Robert S Verscharen*

Signature/Incorporator

*7/1/08*

Date

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TALLAHASSEE, FLORIDA