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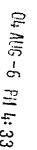
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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TRANSMITTAL LETTER

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

SUBJECT:	CITY VIEW PI	•	VC.
•	(PROPOSED CORPORAT	'E NAME – <u>MUST INCL</u>	UDE SUFFEX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
S70.00 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:	BERNARD B.	AGBELUS 1	
TROWL	Name (Printed or typed)		
	- · · · · · · · · · · · · · · · · · · ·		RRACE
	OVIEDO, FI	Address 32765 State & Zip	-
	•	·	
	(407) 617 - 9379		
	Daytime To	elephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	la property
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	04 AUG -6 PM 4:33
The name of the corporation shall be:	
CITY VIEW PHARMACY INC.	MA ASSE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
595 N. CHURCH ST. SUITE H	
ORLANDO, FL. 32805	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
PHARMACY MEDICAL SUPPLIES	
•	
ARTICLE IV SHARES	
The number of shares of stock is:	
100 shares	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
BERNARD B. AGBELUSI (MANAGER & OWNER)	
OLUBARE BELLO (DIRECTOR).	
Constitution of the consti	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered age	nt is:
BERNARD B. AGBELUSI	
2221 CHANTILLY FERRACE	
OVIEBO, FL 32765	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
BERNARD B. AGBELUSI 2221 CHANTILLY TERRACE	
OVIEBO, EL 32765	********
Having been named as registered agent to accept service of process for the above stated corporation a	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	MICHLY
08/	03/04
Signature Registered/Agent	Date
La De C	[02/m
08	03/at
Signature/Incorporator	Date

. . .