

P04000124036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

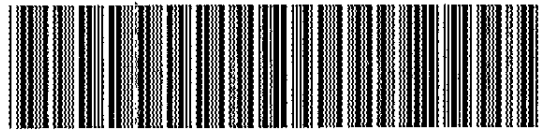
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

8-27-04  
MC

## TRANSMITTAL LETTER

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

**SUBJECT:** CANADA DRUG SERVICE, 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:** CANADA DRUG SERVICE

Name (Printed or typed)

3902 N 9TH AVE

Address

PENSACOLA, FL. 32503

City, State & Zip

1 850 438 4866

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:

CANADA DRUG SERVICE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3902 N 9TH AVE  
PENSACOLA, FL. 32503

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
TO FACILITATE ITEMS REQUESTED BY CLIENTS

### 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):

JOE GRIMES      PRESIDENT

CAROL HINES      VICE PRESIDENT      SEC/TREAS

### ARTICLE VI REGISTERED AGENT

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

JOE GRIMES  
3902 N 9TH AVE  
PENSACOLA, FL. 32503

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOE GRIMES  
23760 PERDIDO BCH BLVD  
ORANGE BEACH, AL 36561

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Incorporator

09-23-2004

\_\_\_\_\_  
Date

08-23-2004

\_\_\_\_\_  
Date

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