

P05000027035

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000044144 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : LOUIS N. SCHOLNIK, P.A.
Account Number : I20010000132
Phone : (954) 771-4790
Fax Number : (954) 776-3825

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB 22 AM 8:51

FLORIDA PROFIT CORPORATION OR P.A.

RDS Pharmacy Management, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000044144 3)))

**ARTICLES OF INCORPORATION
OF
RDS PHARMACY MANAGEMENT, INC.**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB 22 AM 8:51

ARTICLE I - NAME

The name of this corporation is **RDS PHARMACY MANAGEMENT, INC.** The principal office and mailing address of this corporation is: **590 W. Flagler Street, Miami, FL 33130.**

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue One Thousand (1000) shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is **590 W. Flagler Street, Miami, FL 33130**, and the name of the initial registered agent of this corporation at that address is **Aiman Aryan**.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Five (5) Directors constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By-Laws.

((H05000044144 3)))

((H05000044144 3)))

The names and addresses of the initial Board of Directors of this corporation are:

<u>Name</u>	<u>Address</u>
Izzedin Aryan	590 W. Flagler Street, Miami, FL 33130
Aiman Aryan	590 W. Flagler Street, Miami, FL 33130
Amjad Aryan	590 W. Flagler Street, Miami, FL 33130
Basel Asali	590 W. Flagler Street, Miami, FL 33130
Ahmad Asali	590 W. Flagler Street, Miami, FL 33130

ARTICLE VIII - INCORPORATORS

The name and address of the person signing these Articles is:

<u>Name</u>	<u>Address</u>
Aiman Aryan	590 W. Flagler Street, Miami, FL 33130

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 22nd day of February, 2005.


Aiman Aryan

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 22nd day of February, 2005, by Aiman Aryan, who is personally known to me, or who has produced _____ as identification, and who did take an oath.


Notary Public, State of Florida

My Commission Expires:



Lydia Priest
MY COMMISSION # DD140728 EXPIRES
August 14, 2006
BONDED THROUGH FAY INSURANCE, INC.

((H05000044144 3)))

((H05000044144 3)))

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

RDS PHARMACY MANAGEMENT, INC.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

RDS PHARMACY MANAGEMENT, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at City of Miami, County of Miami-Dade, State of Florida, has named **Aiman Aryan**, located at 590 W. Flagler Street, Miami, FL 33130 as agent to accept service of process within the State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office. Further, I am familiar with and accept the obligations provided for in Florida Statute 607.0505.

BY: 
Aiman Aryan

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB 22 AM 8:51

((H05000044144 3)))