

P05000030277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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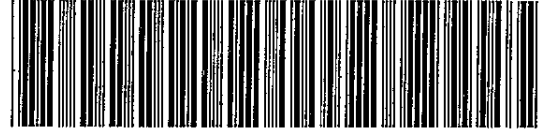
(Business Entity Name)

(Document Number)

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C.S. 3-1

TRANSMITTAL LETTER

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

SUBJECT: PharmaCIMS, 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: Nader Ramsi

Name (Printed or typed)

8850 NW. 55th Place

Address

Coral Springs, Florida 33067

City, State & Zip

954-557-2425

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:

PharmaCIMS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8850 NW. 55th Place
Coral Springs, Florida 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pharmaceutical / IT Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nader Ramsi
President/CEO
8850 NW. 55th Place
Coral Springs, FL 33067

Peyman Esmailzadegan
VP/CIO
819 E. Mulberry Ct
Chatham, IL 62629

Irene McCulloch
Secretary/CFO
9 Molly Lane
Franklin, MA 02038

ARTICLE VI REGISTERED AGENT

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

Nader Ramsi
8850 NW. 55th Place
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nader Ramsi
8850 NW. 55th Place
Coral Springs, FL 33067

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

2/14/2005

Date



Signature/Incorporator

2/14/2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA