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(Requestor's Name)

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(City/State/Zip/Phone #)

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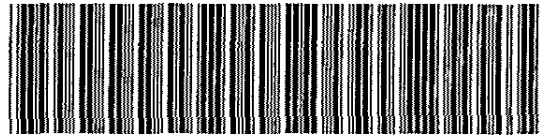
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAR - 7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3-15

TRANSMITTAL LETTER

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

SUBJECT: NIATROX, 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: SIMON AND KATHYE TANNER
Name (Printed or typed)

4240 PALM FOREST DRIVE SOUTH
Address

DELRAY BEACH, FLORIDA 33445
City, State & Zip

561.498.8414
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

NIATROX, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4240 PALM FOREST DRIVE, SOUTH DELRAY BEACH, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHARMACEUTICAL DISTRIBUTION CONSULTING SERVICES

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):

SIMON TANNER, PRESIDENT 4240 PALM FOREST DR.S. DELRAY BEACH, FL. 33445
KATHYE TANNER, VICE-PRESIDENT 4240 PALM FOREST DR.S. DELRAY BCH, FL. 33445

ARTICLE VI REGISTERED AGENT

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

SIMON TANNER
4240 PALM FOREST DR.S. DELRAY BEACH, FL. 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SIMON & KATHYE TANNER,
4240 PALM FOREST DR.S., DELRAY BEACH, FL. 33445

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TALLAHASSEE, FLORIDA

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

Date

Signature/Incorporator

Date