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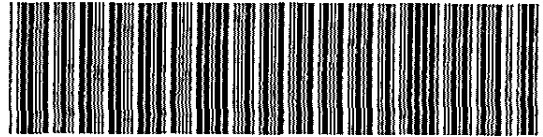
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FILED  
05 APR 15 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

**SUBJECT: William C. Atkinson, RPh., Inc.**

Enclosed please find an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 Filing Fee & Certificate

FROM: William C. Atkinson  
209 West Chancery Lane  
DeLand, Florida 32724  
(386) 822-9358  
(321) 689-2873 (cellular)

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be: William C. Atkinson, RPh., Inc.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
209 West Chancery Lane  
DeLand, FL 32724

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
1000 Shares

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
William C. Atkinson  
209 West Chancery Lane  
DeLand, FL 32724

### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:  
William C. Atkinson  
209 West Chancery Lane  
DeLand, FL 32724

### ARTICLE VI - SPECIFIC PURPOSE

The corporation's specific purpose shall be to provide professional services as a Registered Pharmacist, as well as to conduct any other lawful business.

  
Signature/Incorporator

4/11/05  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

4/11/05  
Date

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05 APR 15 PM 3:30  
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TALLAHASSEE, FLORIDA