

POS000085506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

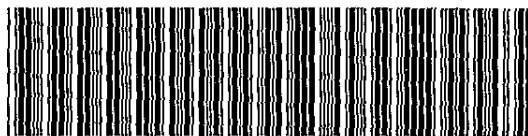
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700055812397

06/14/05--01065--005 **87.50

✓✓

CB 6-15

TRANSMITTAL LETTER

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

SUBJECT: Axonpharma Florida Inc. -- (AXP FL)
(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: Daniel Montanez
Name (Printed or typed)

7620 NW 25th St Unit 7
Address

Miami, FL 33122
City, State & Zip

305 889 2005
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:

AXON PHARMA FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7620 NW 25th St.
Miami, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Support Services for Manufacturers and Distributors

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):

Daniel Montañez — President
William Rodriguez — Vice President
Jaime Boldan — Treasurer

ARTICLE VI REGISTERED AGENT

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

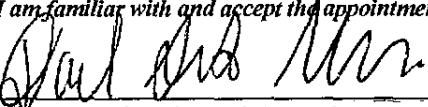
Daniel Montanez
7620 NW 25th St.
Miami, FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel Montanez
7620 NW 25th St.
Miami, FL 33122


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

6-10-05

Date



Signature/Incorporator

6-10-05

Date