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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: Arthur E | E. Jones R.Ph., P.A. (PROPOSED CORPORA | ATE NAME – MUST INCL | UDE SUFFIX) | |
|----------------------|--|---|---------------------------|--|
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: | |
| \$70.00 Filing Fee | | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate o Status | |
| FROM: | Arthur E. Jones R.Ph. Name (Printed or typed) 4615 N 20th St | | | |
| | | Address apa, FL 33610 , State & Zip | | |
| - | 813-234-3859 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:

Arthur E. Jones R.Ph., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4615 N 20th St Tampa, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice the profession of pharmacy and real estate management

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):

Arthur E. Jones R.Ph. 4615 N 20th St Tampa, FL 33610 President

ARTICLE VI REGISTERED AGENT

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

Arthur E. Jones R.Ph. 4615 N 20th St Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arthur E. Jones R.Ph. 4615 N 20th St Tampa, FL 33610