

POS000132433

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000228410 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ARLEEN M. SOSA, PHARM D, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP 27 PM 12:10

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 27, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: ARLEEN M. SOSA, PHARM, P.A.
REF: W05000044570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings SectionFAX Aud. #: H05000228410
Letter Number: 105A00058846

Articles of Incorporation
of
ARLEEN M. SOSA, PHARM D, P.A.

Article I. Name

The name of this Florida corporation is:
ARLEEN M. SOSA, PHARM D, P.A.

Article II. Address

The mailing address of the Corporation is:
ARLEEN M. SOSA, PHARM D, P.A.
1671 W. 37 ST., STE. 6
HIALEAH, FL 33012

Article III. Capital Stock

The Corporation shall have the authority to issue 100 shares of
common stock, par value \$1.00 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

ARLEEN M. SOSA,
1671 W. 37 ST., STE. 6
HIALEAH, FL 33012

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of
Directors consisting of no less than one director. The number of directors may
be increased or decreased from time to time in accordance with the Bylaws of
the Corporation. The election of directors shall be done in accordance with the
Bylaws. The directors shall be protected from liability to the fullest extent
permitted by law. The name of each initial member of the Corporation's Board of
Directors are:

President - Arleen M. Sosa - 1671 W. 37 St., Ste. 6, Hialeah, FL 33012

Prepared by:

Lester Barrera, C.P.A., P.A. - 3785 N.W. 82 Ave., #417, Miami, FL 33188
(305)477-1988

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP 27 PM 12:10

FILED

Article VI.

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

Article VII. Incorporator

The name and address of the Incorporator is:

ARLEEN M. SOSA,
1671 W. 37 ST., STE. 6
HIALEAH, FL 33012

Article VIII. Corporate Existence

The corporate existence of the Corporation shall be effective upon filing.

Article IX. Purpose of Corporation

The purpose of the corporation is to exist as a pharmacist.

The authorized representative of the incorporator executed the Articles of Incorporation on September 26, 2005.

By: X Arleen M. Sosa
ARLEEN M. SOSA
President

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

CORPORATION:
ARLEEN M. SOSA, PHARM D, P.A.

REGISTERED AGENT:
ARLEEN M. SOSA,
1871 W. 37 ST., STE. 6
HIALEAH, FL 33012

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

By: X Arleen M. Sosa
ARLEEN M. SOSA
Registered Agent

2005 SEP 27 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED