

PO5000133919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

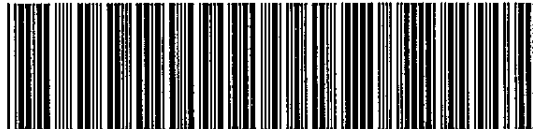
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05 SEP 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2/05
BWK

COVER LETTER

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

SUBJECT: PainPharmacies.com, 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:

Leslie Piatti

Name (Printed or typed)

14035 SW 84 ST

Address

MIAMI FL 33183

City, State & Zip

305 775 1067

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:

PainPharmacies.com, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14035 SW 84 ST
MIAMI FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet business

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):

Leslie Pratti President
14035 SW 84 ST
MIAMI FL 33183

Joseph Pratti VICE
14035 SW 84 ST
MIAMI FL 33183

ARTICLE VI REGISTERED AGENT

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

Leslie Pratti
14035 SW 84 ST
MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Pratti
14035 SW 84 ST
MIAMI FL 33183

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