

P05000142009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

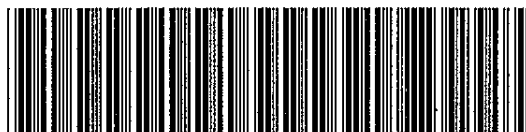
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05 OCT 19 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/20/05
BWL

COVER LETTER

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

SUBJECT: PRESCRIPTIONS PLUS PHARMACY, 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: OLIVER C. SUESS
Name (Printed or typed)

3361 FAIRLANE FARMS ROAD, SUITE
Address

WELLINGTON, FL. 33414
City, State & Zip

561-795-1636
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:

PRESCRIPTIONS PLUS PHARMACY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3361 FAIRLANE FARMS ROAD, WELLINGTON, FL. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAIL ORDER

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):

OLIVER C. SUESS, 3361 FAIRLANE FARMS ROAD, WELLINGTON, FL. 33414, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

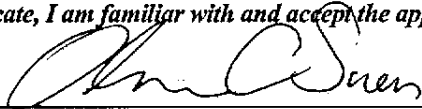
OLIVER C. SUESS, 3361 FAIRLANE FARMS ROAD, WELLINGTON, FL. 33414

ARTICLE VII INCORPORATOR

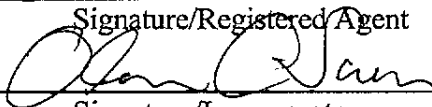
The name and address of the Incorporator is:

OLIVER C. SUESS, 3361 FAIRLANE FARMS ROAD, WELLINGTON, FL. 33414

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



Signature/Incorporator

OCTOBER 12, 2005

Date

OCTOBER 12, 2005

Date