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(Rec	questor's Name)			
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PICK-UP	WAIT	MAIL		
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COVER LETTER

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

SUBJECT: NANY'S PHARMACY & DISCOUNT, CORP. (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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87,50 Filing Fee, Certified Cop. & Certificate of Status PY REQUIRED
FROM: N	ANCY ROJAS	Printed or typed)	
	14135 SW 163 TERRA	ACE	
	MIAMI, FL 33177	ddress	
•		State & Zip	
	786 355 8662	elephone 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:

NANY'S PHARMACY & DISCUONT, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11264 SW 137 AVE MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1) Transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

50= \$10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NANCY ROJAS

14135 SW 163 TERRACE

11100 CT 100 TE

MIAMI, FL 33177

PRESIDENT.

NIURKA MOREY

7521 SW 141 CT

MIAMI, FL 33193

VICEPRESIDENT.

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

NANCY ROJAS

14135 SW 163 TERRACE

MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NANCY ROJAS

14135 SW 163 TERRACE

MIAMI, FL 33177

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

11/08/05

Date

11/08/05

Date

