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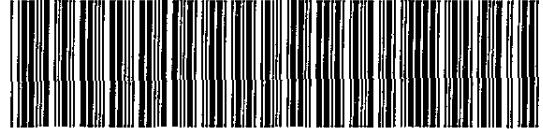
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December 5, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32301

RE: Medication Misuse Prevention Services, Inc.

Gentlemen:

Enclosed please find an original and one copy of Articles of Incorporation and Notice of Acceptance regarding the above corporation, together with our check in the sum of \$78.75. Please return a filed copy in the enclosed, stamped, self-addressed envelope.

Very truly yours,


ROGER C. HURD

Enclosures

R:\Medicine Misuse Prevention Services, Inc\Articles of Incorporation.frm

ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

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The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for said corporation.

1. The name of the corporation is **Medication Misuse Prevention Services, Inc.**
2. The period of duration is perpetual.
3. The purpose is to engage in any activities of business except banking permitted under the laws of the United States and the State of Florida.
4. The Corporation shall have the authority to issue one hundred shares of common stock, \$.001 par value; and 1.5 million shares of preferred stock, \$.001 par value.
5. The address of its initial registered office is 102 Sea Oats Drive, Unit 4H, Juno Beach, Fl. 33408 and the name of its initial registered agent is Louis A. Servizio.
6. The principal corporate address is 102 Sea Oats Drive, Unit 4H, Juno Beach, Fl. 33408 and its mailing address is 102 Sea Oats Drive, Unit 4H, Juno Beach, Fl. 33408.
7. The number of directors constituting its initial Board of Directors is two, whose names and addresses are:

NAME	ADDRESS
LOUIS A. SERVIZIO	102 Sea Oats Drive, Unit 4H, Juno Beach, Fl. 33408
SPENCER BORDEN, IV, M.D.	278 Hunters Ridge Road Concord, MA 01742

8. The name and address of the incorporator is:

NAME	ADDRESS
LOUIS A. SERVIZIO	102 Sea Oats Drive, Unit 4H, Juno Beach, Fl. 33408

9. Commencement of Corporate Existence: The Corporation shall commence its existence on the date of incorporation.

DATED this 5th day of December, 2005.


LOUIS A. SERVIZIO

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **LOUIS A. SERVIZIO**, known to me to be the person who executed the foregoing, that I relied upon the following form of identification of the above-named person: personally known and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 5th day of December, 2005.



Roger C. Hurd
Commission # DD450868
Expires August 21, 2009
Bonded Troy Pain - Insurance, Inc. 800-368-7819


Notary Signature

Printed Notary Name

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TALLAHASSEE, FLORIDA

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NOTICE OF ACCEPTANCE

The undersigned hereby accepts appointment as Registered Agent for **Medication Misuse Prevention Services, Inc.**

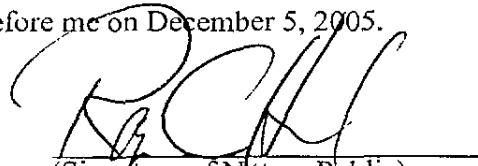

LOUIS A. SERVIZIO

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me on December 5, 2005.



Roger C. Hurd
Commission # DD450888
Expires August 21, 2009
Bonded Troy Fair - Insurance Inc. 600-366-7019


(Signature of Notary Public)

(Print, Type or Stamp
Commissioned Name of
Notary Public)

Personally Known ☒ OR Produced Identification _____

Type of Identification Produced _____