

POS000162596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

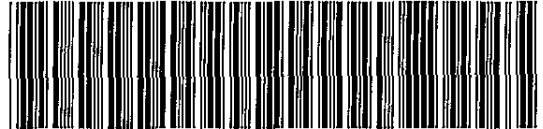
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500061845895

12/13/05--01017--024 \*\*70.00

FILED

05 DEC 13 PM 12:26  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR THE STATE OF FLORIDA

RECEIVED

05 DEC 13 AM 11:31

CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR THE STATE OF FLORIDA

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Wellington Discount Pharmacy, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED  
05 DEC 13 PM 12:24  
TALLAHASSEE, FL  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
WELLINGTON DISCOUNT PHARMACY, INC.

THE UNDERSIGNED, for the purpose of forming a corporation for profit pursuant to Chapter 607, Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I  
NAME OF CORPORATION

The name of the corporation shall be:

WELLINGTON DISCOUNT PHARMACY, INC. (the "Corporation")

ARTICLE II  
GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by the Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III  
CAPITAL STOCK

The total authorized capital stock of the Corporation is one thousand (1,000) shares of Common Stock, par value One Dollar (\$1.00) per share.

ARTICLE IV  
TERM OF EXISTENCE

The Corporation shall exist perpetually.

FILED  
05 DEC 13 PM 12:21  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

ARTICLE V  
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street address of the principal office of the Corporation in the State of Florida is 9241 Cove Point Circle, Boynton Beach, FL 33437. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VI  
NUMBER OF DIRECTORS

The Corporation shall have not less than one (1) Director.

ARTICLE VII  
FIRST BOARD OF DIRECTORS

The names and street addresses of the initial members of the Board of Directors are:

Mahmoud Kretcht  
9241 Cove Point Circle  
Boynton Beach, FL 33437

ARTICLE VIII  
INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Mahmoud Kretcht, 9241 Cove Point Circle, Boynton Beach, FL 33437.

ARTICLE IX  
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 9241 Cove Point Circle, Boynton Beach, FL 33437 and the name of the initial registered agent of the Corporation at that address is Mahmoud Kretcht.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this  
9th day of December, 2005.

  
\_\_\_\_\_  
MAHMOUD KRETCHT

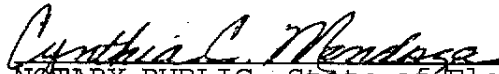
STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 9th  
day of ~~November~~ December, 2005, by MAHMOUD KRETCHT, as incorporator to these  
Articles, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did not take an  
oath.

My Commission Expires:



**Cynthia C. Mendoza**  
Commission # DD339728  
Expires August 27, 2008  
 bonded Troy Pelt - Insurance, Inc. 800-365-7019

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida  
Print name: Cynthia C. Mendoza

CERTIFICATE DESIGNATING REGISTERED OFFICE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, Florida Statutes, the  
following is submitted:

WELLINGTON DISCOUNT PHARMACY, INC., a corporation being  
organized under the laws of the State of Florida, designates 9241  
Cove Point Circle, Boynton Beach, FL 33437, as its registered  
office and has named MAHMOUD KRETCHT as its agent to accept service  
of process within the State of Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for WELLINGTON  
DISCOUNT PHARMACY, INC. at the place designated in this  
Certificate, I hereby agree to act in such capacity and agree to  
comply with the provisions of said Act with respect to keeping such  
office open.

By: 

REGISTERED AGENT