

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone

: (302)575-0875

Fax Number

: (302)575-0925

# FLORIDA PROFIT/NON PROFIT CORPORATION

## Lake Placid Pharmacy Inc.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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1/16/2006

From-DAVID WILLIAMS LAW FIRM PA Jan-17-2006 02:29pm

302-575-0925 

### ARTICLES OF INCORPORATION OF Lake Placid Pharmacy inc.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME

The name of the corporation shall be: Lake Placid Pharmacy inc.

PRINCIPAL OFFICE

The principal place of business/mailing address is: 1707 Divot Drive, Sebring, FL 33872.

ARTICLEIU **PURPOSE** 

The purpose for which the corporation is organized is to engage in any lawful actor activity for which corporations may be organized under the Florida Business Corporations Act of the State of Florida.

SHARES

The number of shares of stock authorized to issue 1,500 shares of no par common voting stock.

REGISTERED AGENT

The name and Florida street address of the registered agent is Agents and Corporations, Inc., Suite E, 773 4th Avenue North, Naples, Florida 34102.

INCORPORATOR

The name and address of the Incorporator is: John L. Williams, Esq., Suite E, 773 4th Avenue North, Naples, Florida 34102.

ARTICLE VII OFFICERS/DIRECTORS

The name and address of the Officer/Director is:

Robert Duncan

1707 Divot Drive

Sebring, FL 33872

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 appointment as registered agent and agree to act in this capacity

gnature/Registered Agent

hature//hcorporator, John L. Williams