

PD6000058564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

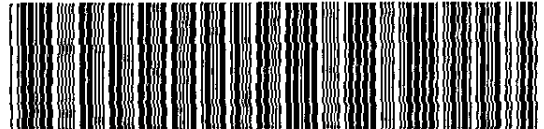
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/06--01008--017 **393.75

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06 APR 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 APR 24 AM 11:13

NOTES
REGISTRARS
TALLAHASSEE, FLORIDA

D. WHITE APR 25 2006

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. CMS Pharmacy, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2006

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: CMS PHARMACY, INC.
Ref. Number: W06000019308

We have received your document for CMS PHARMACY, INC. and your check(s) totaling \$393.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type COMPLETE address for the Registered Agent and the Incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 406A00028305

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:

CMS PHARMACY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

327 E HALLANDALE BEACH BLVD - HALLANDALE BEACH FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RUBY FERRER (PD)

327 E. HALLANDALE BEACH BLVD.

HALLANDALE BEACH, FL 33009

ARTICLE VI REGISTERED AGENT

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

RUBY FERRER

327 E. HALLANDALE BEACH BLVD.

HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RUBY FERRER

327 E. HALLANDALE BEACH BLVD.

HALLANDALE BEACH, FL 33009

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

APRIL 21, 2006

Date



Signature/Incorporator

APRIL 21, 2006

Date

FILED

06 APR 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA