

PD6000064700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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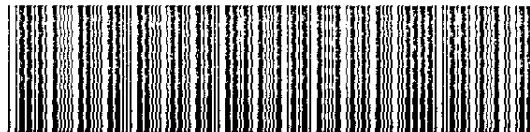
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAY -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/9

COVER LETTER

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

SUBJECT: MNC Rx, INC

(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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MUTAHER CHAUDHRY

Name (Printed or typed)

1868 SW 154 AVE

Address

MIRAMAR, FL 33027

City, State & Zip

954-435-4974

Daytime Telephone 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:

MNC Rx,INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1868 SW 154 AVE MIRAMAR,FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHARMACY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- 1 :MUTAHER CHAUDHRY 1868 SW 154 AV MIRAMAR,FL 33027. PRESIDENT.
- 2: MOHSIN NAEEM 11953 NW 55.TH STREET CORAL SPRING,FL 33076. V.PRESIDENT.
- 3;MUZAFFAR CHOUDHRY 5249 NW MILNER DR. PORT ST. LUCIE ,FL 34983.SECRETARY

ARTICLE VI REGISTERED AGENT

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

MUTAHER CHAUDHRY 1868 SW 154 AVE MIRAMAR ,FL33027

ARTICLE VII INCORPORATOR

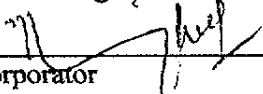
The name and address of the Incorporator is:

MUZAFFAR CHOUDHRY 5249 NW MILNER DR:PORT ST LUCIE ,FL 34983

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



Signature/Incorporator

FILED

06 MAY -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/02/06

Date

5/2/06

Date