

POLARIS 11123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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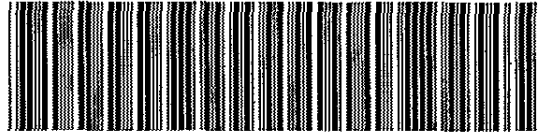
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

8/25/06

## COVER LETTER

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

SUBJECT: US PHARMACY, 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: MUZAFFAR CHOUDHRY

Name (Printed or typed)

5249 NW MILNER DR.

Address

PORT ST. LUCIE, FL 34983

City, State & Zip

772-240-6425

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:

US PHARMACY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5249 NW MILNER DR. PORT ST. LUCIE, FL 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ESTABLISH A RETAIL 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):

MUNAWAR CHAUDHRY: 15892 SW 51ST STREET, MIRAMAR, FL 33027- DIRECTOR

MUTAHER CHAUDHRY: 1868 SW 154TH AVENUE, MIRAMAR, FL 33027- PRESIDENT

MUZAFFAR CHOUDHRY: 5249 NW MILNER DR., PORT ST. LUCIE, FL 34983- VICE PRESIDENT

MOHSIN NAEEM: 11953 NW 55TH STREET, CORAL SPRINGS, FL 33076- SECRETARY

**ARTICLE VI REGISTERED AGENT**

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

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MOHSIN NAEEM: 11953 NW 55TH STREET, CORAL SPRINGS, FL 33076

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*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

8/21/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/21/06

\_\_\_\_\_  
Date

FILED  
06 AUG 24 PM 12:54  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA