

P07000067530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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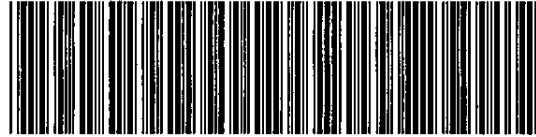
(Business Entity Name)

(Document Number)

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05/10/07--01035--004 **78.75

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07 JUN -6 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH
107-22788

COVER LETTER

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

SUBJECT: ONE Pharmaceutical & Medical Supplies

(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: Gary A Rich

Name (Printed or typed)

11760 Marco Beach Drive, Suite 2

Address

Jacksonville, FL 32224

City, State & Zip

954-347-9514

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2007

GARY A RICH
11760 MARCO BEACH DRIVE, SUITE 2
JACKSONVILLE, FL 32224

SUBJECT: ONE PHARMACEUTICAL & MEDICAL SUPPLIES
Ref. Number: W07000022788

We have received your document for ONE PHARMACEUTICAL & MEDICAL SUPPLIES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 507A00033111

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:

ONE Pharmaceutical & Medical Supplies, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11760 Marco Beach Drive, Suite 2
Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale, Pharmaceutical Supplies

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gary A. Rich, President

ARTICLE VI REGISTERED AGENT

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

Gary A. Rich
11760 Marco Beach Drive, Suite 2
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary A. Rich
11760 Marco Beach Drive, Suite 2
Jacksonville, FL 32224

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

5/9/07

Date



Signature/Incorporator

5/9/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA