

P07000080972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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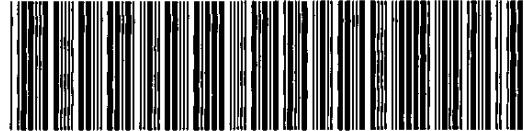
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 17 2007

LAW OFFICES

**FRANK J. YONG, P.A.**

4570 ST. JOHNS AVENUE, SUITE 1A  
JACKSONVILLE, FLORIDA 32210

FRANK J. YONG  
TRACI VENABLE, Legal Assistant

July 3, 2007

TELEPHONE  
(904) 381-1901  
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(904) 381-1970  
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fjyong@  
yahoo.com

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

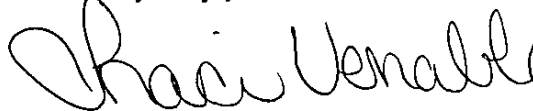
Re: Pharmacy Plus, Inc.

Dear Sir or Madam:

Enclosed for filing with the Division of Corporations are Articles of Incorporation and a Certificate Designating Registered Agent for the referenced entity. Also enclosed is the firm's check in the amount of \$78.75 representing your filing fees for these two documents of \$70.00 and \$8.75 to obtain a certified copy when available. **Please forward the certified copy to the undersigned at your earliest convenience.**

Thank you for your attention to this matter. Please do not hesitate to contact this office should you have questions regarding this matter.

Very truly yours,



Traci Venable,  
Legal Assistant

/tlv  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2007

FRANK J YOUNG P.A.  
ATTN: TRACI VENABLE  
4570 ST JOHNS AVE STE A1A  
JACKSONVILLE, FL 32210

SUBJECT: PHARMACY PLUS, INC.  
Ref. Number: W07000032322

We have received your document for PHARMACY PLUS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees,	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 507A00043670

ARTICLES OF INCORPORATION  
OF

PHARMACY PLUS, INC.

The undersigned, for the purpose of forming a corporation for profit under the laws of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation is **Pharmacy Plus, Inc..**

ARTICLE II

Principal Office

The principal office of the corporation shall be 11565 North Main Street, #106, Jacksonville, Florida 32218 and mailing address of the corporation shall be 11252 Turnbridge Drive, Jacksonville, Florida 32256.

ARTICLE III

Duration

This corporation shall exist perpetually. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

ARTICLE IV

Nature of Business

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE V

Capital stock

(a) **Authorized Capital.** The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

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TALLAHASSEE, FLORIDA

(b) **Restrictions on Transfer of Stock.** The shareholders may, by bylaw provision or by shareholders' agreement recorded in the minute book, impose such restrictions on the sale, transfer or encumbrance of the stock of this corporation as they may see fit.

## **ARTICLE VI**

### **Initial Registered Office and Agent**

The street address of the initial registered office of this corporation is 11252 Turnbridge Drive, Jacksonville, Florida 32256, and the name of the initial registered agent of this corporation at that address is Amjad K. Nimri.

## **ARTICLE VII**

### **Directors**

(a) **Number.** This corporation shall have no directors initially. The number of directors may be increased or diminished from time to time by the bylaws, but shall never be less than one.

(b) **Indemnification.** The board of directors is hereby specifically authorized to make provision for indemnification of directors, officers, employees and agents to the full extent permitted by law.

## **ARTICLE VIII**

### **Incorporator**

The name and street address of the incorporator of this corporation is:

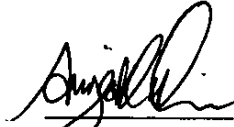
Amjad K. Nimri  
11252 Turnbridge Drive  
Jacksonville, Florida 32256

## **ARTICLE IX**

### **Amendment**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

3rd IN WITNESS WHEREOF, the Incorporator has executed these Articles the day of July, 2007.



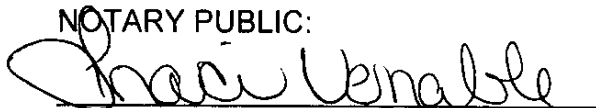
Amjad K. Nimri, Incorporator

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 3rd day of July, 2007, by **Amjad K. Nimri**, who is personally known to me and who took an oath.



NOTARY PUBLIC:



**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED  
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 48.091, 607.0501 and 607.0505, Florida Statutes, the following is submitted:

**Pharmacy Plus, Inc.**, desiring to organize or qualify under the laws of the State of Florida hereby designates **Amjad K. Nimri** as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be **11252 Turnbridge Drive, Jacksonville, Florida 32256**.

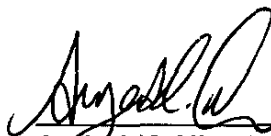
DATED this 3<sup>rd</sup> day of July, 2007.



**Amjad K. Nimri, Incorporator**

Having been named as registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 3<sup>rd</sup> day of July, 2007.



**Amjad K. Nimri, Registered Agent**