

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000187009 3)))



H070001870093ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 23 PM 2:33

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

East Coast Pharmacy, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

KS
7/24/07

FILED
07 JUL 23 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

East Coast Pharmacy, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall Be:
East Coast Pharmacy, Inc.

The principal place of business of this corporation shall be:
8755 NW 106 Lane Hialeah Gardens, FL 33018 Principal Office

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
1000 shares par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Yoanksi Castellon(P)
8755 NW 106 Lane
Hialeah Gardens, FL 33018

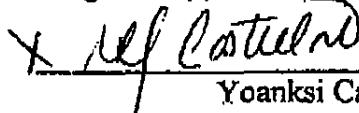
ARTICLES VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

Yoanksi Castellon(P)
8755 NW 106 Lane
Hialeah Gardens, FL 33018

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this, 23rd day of July 2007.

Signature(s) of Incorporator(s)


Yoanksi Castellon

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 23 PM 2:33

FILED

FILED
07 JUL 23 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

East Coast Pharmacy, Inc.

2. The name and address of the registered agent and office is:

Yoanksi Castellon

8755 NW 106 Lane

(P.O. BOX NOT ACCEPTABLE)

Hialeah Gardens, FL 33018

(CITY/STATE/ZIP)

SIGNATURE

X *Yoanksi Castellon*

TITLE

OWNER

DATE

7/23/07

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

X *Yoanksi Castellon*

DATE

7/23/07