

PO800026754

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

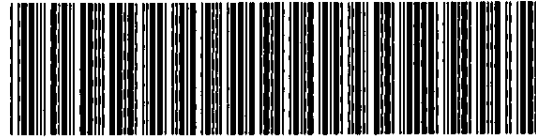
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
08 MAR 12 AM 10:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR 12 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/13

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PHARMACY CONSULTANT SOLUTIONS INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED
MAR 12 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: PHARMACY CONSULTANT SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

18046 S.W. 29TH ST
MIRAMAR, FL 33029

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEONARD I. SIGLER
18046 S.W. 29 ST
MIRAMAR, FL 33029

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LEONARD I. SIGLER
18046 S.W. 29 ST
MIRAMAR, FL 33029

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

LEONARD I. SIGLER (PRESIDENT)
18046 S.W. 29 ST MIRAMAR, FL 33029

PATRICIA A. SIGLER (SECRETARY)
18046 S.W. 29 ST MIRAMAR, FL 33029

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 09 day of MARCH 2008 .



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: PHARMACY CONSULTANT SOLUTIONS INC

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

LEONARD I. SIGLER

(NAME)

18046 S.W. 29 ST

(P.O. BOX NOT ACCEPTABLE)

MIRAMAR, FL 33029

(CITY/STATE/ZIP)

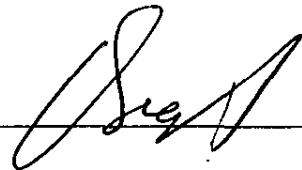
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 7:35

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

SIGNATURE _____



DATE 03/09/2008