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| (Re                                     | questor's Name)       |      |
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| PICK-UP                                 | WAIT                  | MAIL |
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| (Bu                                     | siness Entity Nam     | ne)  |
| •                                       | •                     | •    |
| (D-                                     | ocument Number)       |      |
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|   |                       |      |
| Certified Copies Certificates of Status |                       |      |
|   |                       |      |
| Special Instructions to                 | Filing Officer:       |      |
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## COVER LETTER

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

| SUBJECT:           | SUNSHIP PHAM<br>(PROPOSED CORPORA            | DACY At GOICL                                      | enGate Blud, Inc.  |    |
|--------------------|--|--|--|----|
|                    | inal and one (1) copy of the artic           |  |  |    |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |    |
| FROM:              | Sunshine Pharm                               | acy at Bolo<br>(Printed or typed)                  | vien Gate Blud., In  | ۲. |
|                    | 80 Wilson Bl                                 | ud. South<br>Address                               | <del></del>  |    |
|                    | Norples, Fl.                                 | 34117<br>State & Zip                               |  |    |
|                    | 239 - 1) Daytime 1                           | 15-0605<br>elephone 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: Sunshine                           | Pharmacy at                            |                     |
| •  | Golden Gate Blue                       | d Troc              |
|  | COICION CIONE DIO                      | 1) — C.             |
| ARTICLE II PRINCIPAL OFFICE  | •                                      |                     |
| The principle <u>street</u> address and mailing address, if different    | Blud. South                            |                     |
| _  |  |                     |
| ARTICLE III PURPOSE Maples, Fl.  | 54117                                  | <b></b> .           |
| The purpose for which the corporation is organized is:                   |  |                     |
| any and all lawful business  | 3                                      |                     |
|  |  | AR 24               |
| ARTICLE IV SHARES  |  |                     |
| The number of shares of stock is:  |  |                     |
| 10,000   |  | #: 25               |
| ARTICLE V INITIAL OFFICERS AND/OR DIF                                    | RECTORS                                | O.                  |
| List name(s), address(es) and specific title(s):  Delmer H. Parrish      | Rence Pamis                            | h                   |
| 390 Hawser Drive   | 390 Hawser I                           | *                   |
|  | naples, F1, 341.                       | <del>-</del>        |
| Maples, Fl. 34102  | •                                      | -                   |
| President<br>Article VI REGISTERED AGENT                                 | Vice Presiden                          | T                   |
| The name and Florida street address (P.O. Box NOT acce                   | eptable) of the registered agent is:   |                     |
| Delmer H. Parrish  |  |                     |
| 390 Hawser Drive   |  |                     |
| Maples, Fl. 34102  |  |                     |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:   |  |                     |
| Delmer H. Parvish  |  |                     |
| 390 Hawser Drive   |  |                     |
| naples, F1. 34102  |  |                     |
| **************************************                                   | ************************************** |                     |
| certificate, I am familiar with and accept the appointment as registered |  | to acoignate in inv |
|  | 2-10-6                                 | /δ.                 |
| Signaturg/Registered Agent   | <u>3-19-0</u><br>Date                  | <u> </u>            |
|  | 3-19-6                                 | 78                  |
| Signature/incorporator   |  | <u> </u>            |
| • • •  |  |                     |