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RECEIVED
08 MAY 14 AM 11:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LAZARUS
CORPORATE FILING SERVICE**

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

1. WHITE ORCHID PHARMACY, INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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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
OF

WHITE ORCHID PHARMACY, INC

FILED
08 MAY 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WHITE ORCHID PHARMACY, INC _____

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

_____ 2328 B HOLLYWOOD BLVD. HOLLYWOOD FL. 33020. _____

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: 100 all of which shall be common shares (10. 00 PER
VALUE EACH.)

Gloria Castillo Associates Inc
5610 SW 93rd Ave.
Miami, Fl. 33173

ARTICLE IV -TERM OF EXISTENCE

TERM OF EXISTENCE OF THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V- OFFICER (S) AND DIRECTOR (S)

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 THERE SUCCESOR (S) IS (ARE) ELECTED IS (ARE)

TATYANIA DORFMAN
PRESIDENT/SECRETARY

408 NE 7TH AVE APT 12
FT. LAUDERDALE FL 33301

ARTICLE VI INCORPORATOR (S)


THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

TATYANIA DORFMAN
PRESIDENT/SECRETARY

408 NE 7TH AVE APT 12
FT. LAUDERDALE FL 33301

ARTICLE VI-INCORPORATOR (S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS FIRST (14) DAY (S) OF MAY , 2008.
SIGNATURE (S) OF INCORPORATOR (S)



TATYANIA DORFMAN
PRESIDENT/SECRETARY
408 NE 7TH AVE APT 12
FT. LAUDERDALE FL 33301

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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 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:

--- WHITE ORCHID PHARMACY, INC _____

2. - THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE
IS:

TATYANIA DOREFMAN

(P.O. BOX NOT ACCEPTABLE)

_____ 408 NE 7TH AVE APT 12 _____

_____ FT. LAUDERDALE FL 33301 _____

SIGNATURE _____

TITLE _____

DATE _____

Tatyania Dorefman
PRESIDENT

05/14/2008

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

SIGNATURE _____

DATE _____

Tatyania Dorefman
05/14/2008