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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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2000 MAY 27 P 4: 24
SECRETARY OF STATE

FILED

A. LUNT

MAY 28 2008

**EXAMINER** 

ALL CANADIAN DRUG SERVICES, INC.
2500 Tamiami Trail North, Ste. 216
Naples, FL 34103
(239)403-4444 Phone
(239)-403-4424 Fax
1-800-540-0902 Toll Free Phone
1-800-413-4310 Toll Free Fax

5/23/08

Registration Section Division of Corporations POB 6327 Tallahassee, FL 32314

Re: All Canadian Drug Services LLC / Certificate of Conversion for LI Profit Corporation

Dear Sir or Madame:

Enclosed please find the Certificate of Conversion for LLC to Floriga Profit Corporation as well as the Articles of Incorporation for All Canadian Drug Services and one copy of each.

Please file these forms and return the copies dated stamped, to my office, in the enclosed postage paid envelope (for my records). Also enclosed, please find my check # 0095 in the amount of \$105.00 representing payment of your filing fee.

If you have any questions, please do not hesitate to contact my office. Your assistance in this matter is appreciated. Thank you.

Sincerely.

Owner/Operator

All Canadian Drug Services, Inc.

**Enclosures:** 

as stated above.

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: All CANADIA Drug Services (Name of Resulting Florida Profit Corporation)			
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.			
Please return all correspondence concerning this matter to:			
Darlene Shaw (Contact Person)			
All Canadian Drug Service SASSE SERVICES SERVICE			
2500 Tamiami Tr., Ste 216 REST DI			
NAPIES, FL 34104 (City, State and Zip Code)			
For further information concerning this matter, please call:			
Darlene Shaw at (239) 403-4444 (Name of Contact Person) (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$105.00 Filing Fees			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314			

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate		
of Conversion is:		
All CAMADIAN Drug Services.		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
(Enter entity type. Example: limited liability company, limited partnership, sole		
proprietorship, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of Floripa		
(Enter state, or if a non-U.S. entity, the name of the country) $\Xi_{ss}$		
on 04/03/2006 ARE		
(Enter date "Other Business Entity" was first organized, formed or incorporated:		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the		
laws of which it is now organized, formed or incorporated:		
N.A.		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u>		
Incorporation:		
All CANADIAN Drug Services, Inc		
(Enter Name of Florida Profit Corporation)		

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of Intherein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the			
Signed this 22 day of May Signature: Naclene Sha	ـــــــــــــــــــــــــــــــــــــ			
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)				
Printed Name: <u>DayleneShaw</u> Title:				
Fees:	FILED  2000 HAY 27 P 4: 26  SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

#### 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:

All CANADian Drug Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2500 TAMIAMI Tr. N., Suite 216 NAPIES, FL 34103

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All lawful purposes.

SECRETARY OF STATE.

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DArlene Shaw, President 3036 52nd Terrace SW Naples, FL 34116

#### <u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Darlene Shaw 3036 52nd Terrace SW Naples, FL 34116

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
. Darlene Shaw s.	
3036 Sand Tenace Su	/ >
3036 Sand Tenace SW NAPIESIFL 34116	(RR)
Having been named as registered agent to accept service of proces	es for the chara stated corporation at the place
designated in this certificate, I am familiar with and accept the appoin	
capacity	
5) () ()	_1.,
2 Narlene Show	<u> 5/23/08</u>
Signature/Registered Agent	Date
L'arlene Shaw	5/23/08
Signature/Incorporator	' Date

FILED

ZECRETARY OF STATE
TALLAHASSEE, FLORIDA