

P09000011753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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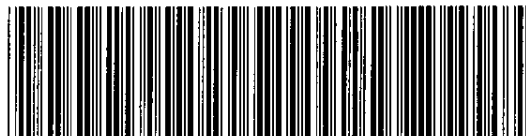
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/09--01033--019 **70.00

FILED
09 FEB -5 AM 9:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MedActive Oral Pharmaceuticals, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Donald E. Mackey

Name (Printed or typed)

8364 Forest Oaks Boulevard

Address

Spring Hill, FL 34606

City, State & Zip

(352) 293-2164

Daytime Telephone 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:

MedActive Oral Pharmaceuticals, Inc.

ARTICLE II **PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8364 Forest Oaks Boulevard
Spring Hill, FL 34606

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Manufacture and sale of pharmaceuticals and oral care products.

ARTICLE IV **SHARES**

The number of shares of stock is:

100,000,000

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

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

ARTICLE VI **REGISTERED AGENT**

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

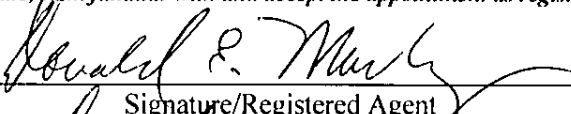
Donald E. Mackey
8364 Forest Oaks Boulevard
Spring Hill, FL 34606

ARTICLE VII **INCORPORATOR**

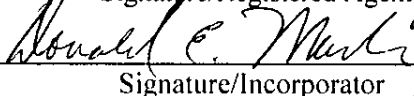
The name and address of the Incorporator is:

Donald E. Mackey
8364 Forest Oaks Boulevard
Spring Hill, FL 34606

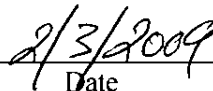
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
09 FEB -5 AM 9:54
CLERK OF STATE
TALLAHASSEE, FLORIDA