

PO9000012140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300142975323

02/06/09--01032--004 \*\*70.00

FILED  
09 FEB -6 AM 9:48

PS

## COVER LETTER

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

**SUBJECT:** AMEN PHARMACY, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** TAIWO OWOEYE

Name (Printed or typed)

2144 34TH STREET SOUTH,

Address

ST PETERSBURG, FL 33711

City, State & Zip

727-744-3452

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:

AMEN PHARMACY INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

2144 34TH STREET SOUTH, ST PETERBURG FL 33711

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVISION OF PHARMACEUTICAL CARE SERVICES AND MEDICAL SUPPLIES.

### **ARTICLE IV SHARES**

The number of shares of stock is:

2000 SHARES AT A PAR VALUE OF \$0.01 EACH

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

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

TAIWO OWOEYE; 2144 34TH STREET SOUTH, ST PETERSBURG, FL 33711;

PRESIDENT

### **ARTICLE VI REGISTERED AGENT**

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

TAIWO OWOEYE; 2144 34TH STREET SOUTH, ST PETERSBURG, FL 33711. LOCATED IN THE COUNTY OF PINELLAS

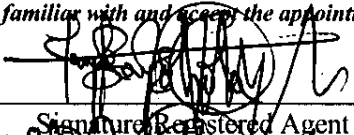
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TAIWO OWOEYE; 2144 34TH STREET SOUTH, ST PETERSBURG, FL 33711

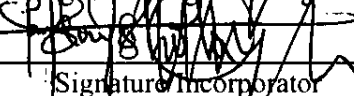
\*\*\*\*\*

*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

02-03-2009

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature Incorporator

02-03-2009

\_\_\_\_\_  
Date

FILED  
09 FEB -6 AM 9:48