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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 18 2009  
D.A. WHITE

COVER LETTER

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

SUBJECT:

Avalon Park Pharmacy Corp

(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:

Valentine Okonkwo

Name (Printed or typed)

14125 Morning Frost drive

Address

Orlando, FL 32828

City, State & Zip

407-340-1182

Daytime Telephone number

AvalonPharmacy@att.net

E-mail address: (to be used for future annual report notification)

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: Avalon Park Pharmacy Corporation

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: 457 S Avalon Park Boulevard

suite 300, Orlando, FL 32828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to deliver health services by filling prescriptions and counseling patients.

**ARTICLE IV SHARES**

The number of shares of stock is:

Two

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

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

Okonkwo, Valentine  
14125 Morning Frost Drive Orlando, FL 32828  
Pharmacy manager.

**ARTICLE VI REGISTERED AGENT**

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

Valentine Okonkwo  
14125 Morning Frost Drive Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Valentine Okonkwo  
14125 Morning Frost Drive Orlando, FL 32828

\*\*\*\*\*

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]*

Signature/Registered Agent

*[Signature]*

Signature/Incorporator

9/14/09

Date

9/14/09

Date