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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

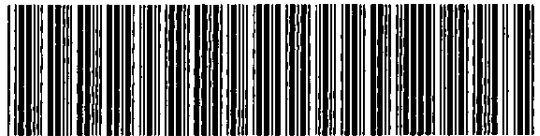
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/10--01014--021 **87.50

FILED

10 APR - 1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10000012173

4-2-10 9

COVER LETTER

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

SUBJECT: pharmacy express 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: MYRNA DUQUE

Name (Printed or typed)

565 GREEN SPRINGS PLACE

Address

WEST PALM BEACH, FL 33409

City, State & Zip

(561) 502-4285

Daytime Telephone number

DUQUEMYRNA@YAHOO.COM

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

MYRNA DUQUE
565 GREEN SPRINGS PLACE
WEST PALM BEACH, FL 33409

SUBJECT: EXPRESS RX CORP
Ref. Number: W10000012173

We have received your document for EXPRESS RX CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 410A00005973

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 APR - 1 PM 3:04

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:

PHARMACY EXPRESS CORP

ARTICLE II PRINCIPAL OFFICE

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

565 GREEN SPRINGS PLACE
WEST PALM BEACH FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHARMACY BUSINESS ON LINE

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):

MYRNA DUQUE
565 GREEN SPRINGS PL
W P BEACH 33409

ALBERTO DUQUE
565 GREEN SPRINGS PLACE
WEST PALM BEACH 33409

ARTICLE VI REGISTERED AGENT

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

MYRNA DUQUE
565 GREEN SPRINGS PLACE W P BEACH 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERTO DUQUE
565 GREEN SPRINGS PLACE W PALM BEACH 33409

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

Myrna Duque
Signature/Registered Agent

Albuquerque
Signature/Incorporator

3/25/2010
Date

3/25/2010
Date

FILED
10 APR -1 PM 2:17
SECRETARY OF STATE
PALM BEACH, FLORIDA