

P/0000074363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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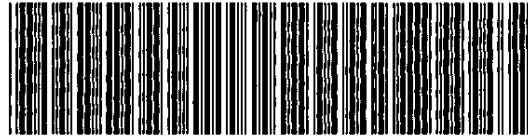
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
9/10

COVER LETTER

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

SUBJECT: Florida's Choice Pharmacy & DME 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: Cameron Swain
Name (Printed or typed)

10910 Cameron Ct Box # 174
Address

Davie, FL 33324
City, State & Zip

305-606-1703
Daytime Telephone number

ChevyCamara3@hotmail.com
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: Florida's Choice Pharmacy & DME Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: Cameron Swain
12010 NW 7th Ave
Miami, FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical supplies & medication to the community.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cameron Swain → CEO → 10910 Cameron Ct Box # 174 Davie, FL 33324
Dannell Bullard → (President) → 1923 NW 43 St Miami FL 33142
Anthony Swain → (President) → 1923 NW 43 St Miami FL 33142
Treasure Marcea Swain → (President) → 1923 NW 43 St Miami, FL 33142

ARTICLE VI REGISTERED AGENT

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

Cameron Swain
12010 NW 7th Ave
Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cameron Swain
10910 Cameron Ct Box # 174
Davie, FL 33324

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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

8/11/10

Date

8/11/10

Date