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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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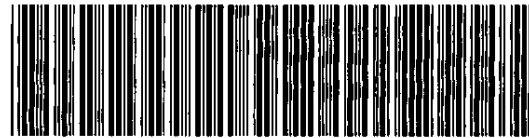
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/10--01022--023 **78.75

10 SEP 16 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

ON

COVER LETTER

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

SUBJECT: HiCare 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 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: Kamar O. Mustapha

Name (Printed or typed)

4384 S.W. 128th Avenue

Address

Miramar, FL. 33027

City, State & Zip

(305)491-9031

Daytime Telephone number

cinije@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

August 30, 2010

KAMAR O. MUSTAPHA
4384 S.W. 128TH AVENUE
MIRAMAR, FL 33027

SUBJECT: HICARE PHARMACY INC.
Ref. Number: W10000040842

We have received your document for HICARE PHARMACY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 710A00020731

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

10 SEP 16 PM 4:16

ARTICLE I NAME

The name of the corporation shall be:

HiCare Pharmacy Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4384 S.W. 128th Avenue

Miramar, FL. 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Pharmaceutical Products.

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares at \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kamar Mustapha 4384 S.W. 128th Avenue

Miramar, FL. 33027.

President

Medina Mustapha 4384 S.W. 128th Avenue

Miramar, FL. 33027.

V. President.

ARTICLE VI REGISTERED AGENT

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

Charles Inije

3600 S. State Road 7

Suite #2

Miramar, FL. 33023

ARTICLE VII INCORPORATOR

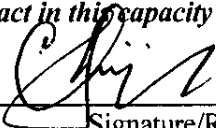
The name and address of the Incorporator is:

Kamar Mustapha

4384 S.W. 128th Avenue

Miramar, FL. 33027.

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

09/02/2010

Date

09/02/2010

Date