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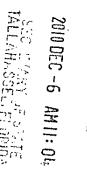
(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(D. iv 5-15-1)
(Business Entity Name)
(Document Number)
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W10-55276



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2010

INTEGRATED RX SOLUTIONS 1155 CHARLES ST SUITE 155 LONGWOOD, FL 32750

SUBJECT: INTEGRATED RX SERVICES

Ref. Number: W10000055276

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 310A00027668

## **COVER LETTER**

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

SUBJECT: Integrated Rx Services		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	1	
\$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
The second of th		
FROM: Integrated Rx Solutions	2	
Name (Printed or typed)	9101	
1155 Charles St Suite 155	2010 DEC -6	4 minorina Grand Park
Longwood, FL 32750 City, State & Zip	10:11 KV 9	
407-339-5954	( <del>)</del>	
Daytime Telephone number		
rjones@integratedrxsolutions.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 The name of the co	NAME Integrated Rx Service orporation shall be:	es, INC.	
i	PRINCIPAL OFFICE Principal street address 1155 Charles St Suite 165 ongwood, FL 32750		Mailing address, if different is:
ARTICLE III	PURPOSE		
	vhich the corporation is organized is: ny and all legal actions we may sec	e fit.	
	res of stock is: 20,000,000 shares cor		
	INITIAL OFFICERS AND/OR DIRECT		tle:Robert Haghgou President
Address:	1759 Redwood Grove Terrace Lake Mary, FL 32746	Address:	210 N. Westmonte Dr Suite 100 Altamonte Springs, FL 32714
Name and T	itle:David Cooke VP	Name and Ti	tle:Sean Haghgou VP
Address:	2409 Falling Acorn Circle Lake Mary, FL 32746	Address:	210 N. Westmonte Dr Suite 100 Altamonte Springs, FL 32714
Name and T Address:	itle:		
			70.00
ARTICLE VI	REGISTERED AGENT		pent is:
	orida street address (P.O. Box NOT acceptable	e) of the registered a	Sem 10.
Name: Address:	Robert Jones 1759 Redwood Grove Terrace	<del></del>	ॉर्ने र जिं
radioss.	Lake Mary, FL 32746		
ARTICLE VII	INCORPORATOR		<b>5% = €</b>
	dress of the Incorporator is:		≘ <b>0</b> ,
Name:	Robert Jones	<del></del>	
Address:	1759 Redwood Grove Terrace Lake Mary, FL 32746		
this certificate, I a	ned as registered agent to accept service of pro m familiar with and accept the appointment as	registered agent an	
Wel. A			11-17-2010
	Required Signature/Registered Agent	<del> </del>	//-/7-2010 Date
I submit this docu document to the D	iment and affirm that the facts stated herein epartment of State constitutes a third degree fo	are true. I am awa	are that the false information submitted in r in s.817.155, F.S.
(V)	Required Signature/Incorporator		11-17 2-10
_Lones	Required Signature/Incorporator		//-/7-20/0 Date