

710000099805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

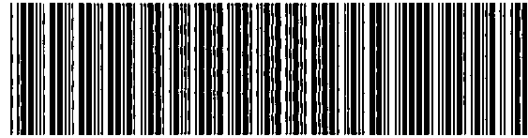
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000187212410

10/29/10--01013--009 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -9 AM 9:33

FILED

J. Shivers DEC 10 2010

W10-51440

COVER LETTER

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

SUBJECT: Silber Associates, P.A.

(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,  
Certi fied Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Silber Associates, P.A.

Name (Printed or typed)

1261 N.W.167th Ave.

Address

Pembroke Pines, Fl. 33028

City, State & Zip

954-675-1141

Daytime Telephone number

digoxin@comcast.net  
E-mail address: (to be used for future annual report notification)

digoxin@comcast.net

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -9 AM 9:33

FILED

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: ~~Silber Associates, P.A.~~

J. Silber, Pharm. D.P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1261 N.W. 167th Ave.  
Pembroke Pines, FL 33028

Mailing address, if different is

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to render pharmacy services

**ARTICLE IV SHARES**

The number of shares of stock is 100

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

Name and Title: Javier Silber Pres.  
Address: 1261 N.W. 167th Ave.  
Pembroke Pines, FL 33028

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

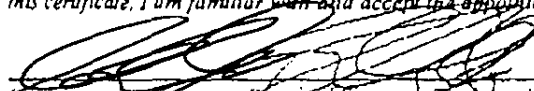
Name: Javier Silber  
Address: 1261 N.W. 167th Ave.  
Pembroke Pines, FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Javier Silber  
Address: 1261 N.W. 167th Ave.  
Pembroke Pines, FL 33028

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.

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/27/2010  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

10/27/2010  
\_\_\_\_\_  
Date

FILED  
2010 DEC -9 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA