

P11000006857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

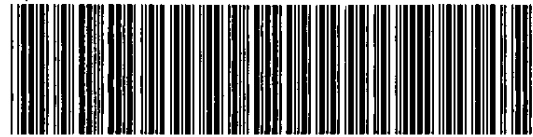
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100191845881

01/19/11--01002--017 \*\*87.50

FILED  
11 JAN 19 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
1/21/11

## COVER LETTER

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

SUBJECT: WELCOME PHARMACY CO.

(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: CHAUNTEL GRANT

Name (Printed or typed)

11092 TURNBRIDGE DRIVE

Address

JACKSONVILLE, FL 32256

City, State & Zip

(904) 248 -2004

Daytime Telephone number

CHAUNTELGRANT@GMAIL.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** WELCOME PHARMACY CO.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9825 SAN JOSE BLVD. #36  
JACKSONVILLE, FL 32223

Mailing address, if different is:

11092 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of sale and dispensing prescription drugs, non-prescription drugs, compounding medications and any or all other lawful business purposes corporations maybe formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: HAVNICCA WELCOME - PRESIDENT

Address: 11092 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256

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: CHAUNTEL GRANT

Address: 11092 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256

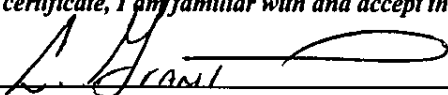
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHAUNTEL GRANT

Address: 11092 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256

*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*

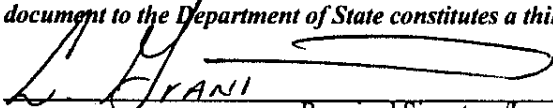


Required Signature/Registered Agent

1/11/11

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

1/11/11

Date

