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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
1/28/11

## COVER LETTER

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

SUBJECT: **ALPHA 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: **STANLEY OKPALA**

Name (Printed or typed)

**16300 S.W. 26th STREET**

Address

**MIRAMAR, FL. 33027**

City, State & Zip

**954-646-5411**

Daytime Telephone number

**Staniyke@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**

Alpha Pharmacy, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16300 S.W. 26th Street  
Miramar, FL 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Community Pharmacy Practise.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 Shares @\$1.00 per share.

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

Name and Title: Stanley Okpala - President  
Address: 16300 SW 26th Street  
Miramar, FL 33027

Name and Title: Emmanuel Ezenyi  
Address: 16300 SW 26th Street  
Miramar, FL 33027

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:

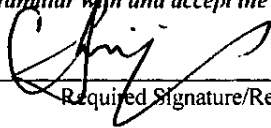
Name: Charles Inije  
Address: 3600 S. State Road 7 #2  
Miramar, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stanley Okpala  
Address: 16300 SW 26th Street  
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*

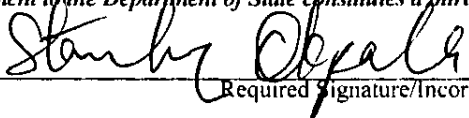


Required Signature/Registered Agent

January 20th 2011

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

January 20th 2011

Date

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TALLAHASSEE FLORIDA