

P11000018507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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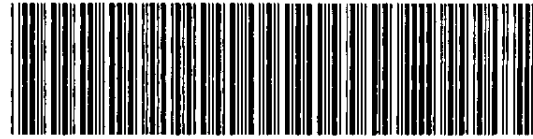
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

52/2

## COVER LETTER

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

**SUBJECT: Quality Care Pharmacy Corporation**

(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: Valentine C. Okonkwo

Name (Printed or typed)

1730 Woolco Way

Address

Orlando, Florida 32822

City, State & Zip

407-340-1182

Daytime Telephone number

avalonpharmacy@att.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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**

The name of the corporation shall be: **Quality Care Pharmacy Corporation**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1730 Woolco way  
Orlando, FL 32822

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To deliver health services by processing prescriptions, dispensing medications and counseling patients.

**ARTICLE IV SHARES**

The number of shares of stock is: **Two**

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

Name and Title: Valentine Okonkwo, CEO  
Address: 14125 Morning Frost Drive  
Orlando, FL 32828

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:

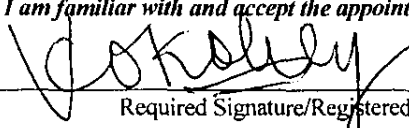
Name: Valentine Okonkwo  
Address: 14125 Morning Frost Drive  
Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valentine Okonkwo  
Address: 14125 Morning Frost Drive  
Orlando, FL 32828

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

2/21/11  
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

2/21/11  
Date

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