

P11 000101438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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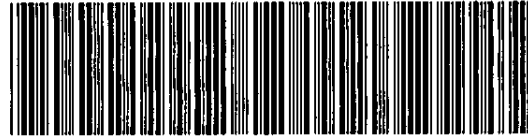
(Business Entity Name)

(Document Number)

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

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2011 NOV 23 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. Shivers NOV 29 2011

# BOLURIND PHARMCLINIC INC.

2375 SW 126TH AVENUE MIRAMAR FL 33027 US (305)903-0445

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

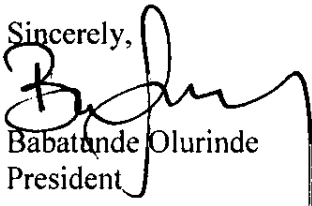
November 15, 2011

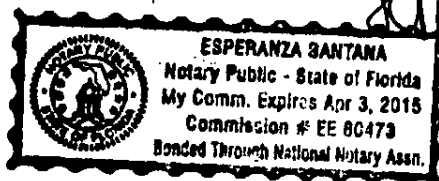
## Subject: Release of Corporation Name

This is to certify that I am the president of Bolurind Pharmclinic, Inc, listed under document No: P10000091135, and registered by me with the State of Florida's Department of State, Division of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,

  
Babatunde Olurinde  
President



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: BOLURIND PHARMCLINIC 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: BOLURIND PHARMCLINIC INC.**

Name (Printed or typed)

2375 SW 126TH AVE.

Address

MIRAMAR, FL 33027

City, State & Zip

(305)903-0445

Daytime Telephone number

AL MAYUNGBE@YAHOO.COM

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: **BOLURIND PHARMCLINIC INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2375 SW 126TH AVE.**  
**MIRAMAR, FL 33027**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: <b>OLURINDE, BABATUNDE, President</b>	Name and Title: <b>OLURINDE, YETUNDE, Treasurer</b>
Address: <b>2375 SW 126TH AVE.</b>	Address: <b>2375 SW 126TH AVE.</b>
<b>MIRAMAR, FL 33027</b>	<b>MIRAMAR, FL 33027</b>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

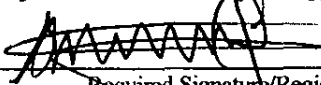
Name: **ALBERT A MAYUNGBE, CPA**  
Address: **1111 PARK CENTRE BLVD, #205**  
**MIAMI, FL 22027**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **OLURINDE, BABATUNDE**  
Address: **2375 SW 126TH AVE**  
**MIRAMAR, 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*

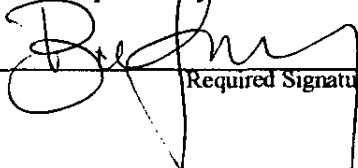


Required Signature/Registered Agent

11/15/2011

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

11/15/2011

Date

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**