

P11000105219

(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:

WH-58218

Office Use Only



800214143648

11/14/11--01028--008 **78.75

11 DEC -9 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

11/14

COVER LETTER

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

SUBJECT: North Fort Myers Prescription Shop, 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: Lisa Lawrence
Name (Printed or typed)

16251 N Cleveland Ave
Address

Fort Myers FL 33903
City, State & Zip

239 896 6217
Daytime Telephone number

Lisa.Lawrence80@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2011

LISA LAWRENCE ****2ND ML***
12445 ROCK RIDGE LN
FORT MYERS, FL 33913

SUBJECT: NORTH FORT MYERS PRESCRIPTION SHOP, INC
Ref. Number: W11000058218

We have received your document for NORTH FORT MYERS PRESCRIPTION SHOP, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 511A00026004

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: North Fort Myers Prescription Shop, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

16251 North Cleveland Ave Ste. 13
N. Ft. Myers FL 33903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent Pharmacy

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Lawrence President
Address: 12445 Rock Ridge Ln
Ft Myers FL 33913

Name and Title: Rich Lawrence Vice President
Address: 12445 Rock Ridge Ln
Ft Myers FL 33913

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: Lisa Lawrence
Address: 12445 Rock Ridge Ln
Ft Myers FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Lawrence
Address: 12445 Rock Ridge Ln
Ft Myers FL 33913

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

Lisa

Required Signature/Registered Agent

11/1/11

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.

Lisa

Required Signature/Incorporator

11/1/11

Date