P/2000026822

(Re	questor's Name)			
(Ad	dress)			
	(duana)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300224461053

03/16/12--01032--021 **70.00

12 HLR 16 PH 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-A 03/19/12

COVER LETTER

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

SUBJECT: ZRX.Corp					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL C	OPY REQUIRED			
FROM: Raymond Rose					
Name (Printed or typed)					
1513 Amy Circle Address					
Spring Hill, FL 34609 City, State & Zip					
352.573.9267 Daytime Telephone number					
rqrose@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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N. The name of the corpo	AME ZRX.Corp			
ARTICLE II P.	RINCIPAL OFFICE Principal street address 3 Amy Circle ing Hill, FL 34609	Mailing ad	dress, if different is:	
ARTICLE III PU The purpose for whice Any and all law	h the corporation is organized is:			
ARTICLE IV SI				
Name and Title Address:	TITIAL OFFICERS AND/OR DIRECTOR Raymond Rose, CEO & President 1513 Amy Circle Spring Hill, FL 34609	Name and Title: Address:		
Name and Title Address:		Address:		
Name and Title Address:		Name and Title:Address:		
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Raymond Rose 1513 Amy Circle		12 MAR	
	Spring Hill, FL 34609 CORPORATOR Softhe Incorporator is: Raymond Rose 1513 Amy Circle Spring Hill, FL 34609	- - -	16 PH 1: 31 ASSEE, FLORIDA	
	as registered agent to accept service of process amiliar with and accept the appointment as reg			
D. 1h	Required Signature/Registered Agent		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		Date	