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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THE TAX MAN, INC.
Account Number : I19990000042
Phone : (561)799-3810
Fax Number : (561)799-1818

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
SIGNATURE PHARMACY CONSULTANTS, INC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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12 AUG 29 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P.006

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8/29/2012 11:47:59 AM PAGE 1/001 Fax Server



August 29, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE TAX MAN, INC.

SUBJECT: SIGNATURE PHARMACY CONSULTANTS, INC..
REF: W12000044871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden
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New Filing Section

FAX Aud. #: H12000214469
Letter Number: 412A00022072

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12 AUG 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SIGNATURE PHARMACY CONSULTANTS, INC

ARTICLE I

NAME

The name of this corporation is SIGNATURE PHARMACY CONSULTANTS, INC

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

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ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 9819 Via Amati, Lake Worth, FL 33467, and the name of the initial registered agent at this address is Najum Choudhry.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Najum Choudhry

9819 Via Amati
Lake Worth, FL 33467

ARTICLE IX

INCORPORATORS

The name and address of the persons signing these articles of incorporation is:

Najum Choudhry

9819 Via Amati
Lake Worth, FL 33467

ARTICLE X
OFFICERS


President

Najum Choudhry

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IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of
incorporation this 22nd Day of August, 2012.


Najum Choudhry

STATE OF FLORIDA

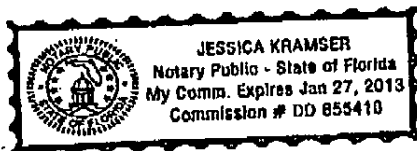
COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county
set forth above, Najum Choudhry personally appeared, known by me to be the person who
executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state
and county aforesaid, this 22nd Day of August, 2012.

{SEAL}


Notary Public



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST—SIGNATURE PHARMACY CONSULTANTS, INC.
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPLE PLACE OF BUSINESS AT THE CITY OF Lake Worth, PALM BEACH
COUNTY, STATE OF FLORIDA, HAS NAMED Najum Choudhry, AT 9819 Via Amati, CITY
OF Lake Worth, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN
FLORIDA.

SIGNED 

TITLE PRESIDENT

DATE August 22 2012

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED 

Najum Choudhry
Resident Agent

DATE August 22 2012

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