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(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:				
opedar instructions to 1 ming officer.				

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12 SEP 10 AMII: 35 SECRETARY OF STATE ALLANASSEE, FLORIDA

majuli2

COVER LETTER

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

SUBJECT: Medicines In Short Sup	oply, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Arthur C Greenfield Name	(Printed or typed)	······································
1021 E Hawthorne Circle	Address	<u> </u>
Hollywood, Florida 3302 City,	21 State & Zip	
310-728-9490 Daytime To	elephone number	
arthurcgreenfield@hotma E-mail address: (to be used	ail.com I for future annual report	notification)

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 The name of the	NAME corporation shall be	Medicines In Short	t Supply, Inc.	FILED
ARTICLE II	PRINCIPAL			12 SFP 10
		street address	Mailing	address, if different is: TALLY AHASSIF FOR TALLY
	Arthur C Gree			TAIT AS TARY OF A.
		orne Circle		ASSEF EN ATE
		orida 33021	***************************************	T.URIDA
ARTICLE III				
		ation is organized is:		
			edicines temporarily in	
geographic	regions to si	ck patients at a nomir	nal additional cost throu	igh a nationwide network of
independen	t pharmacies	. To provide other he	ealthcare related service	es to the medical community.
	CHADRO			
ARTICLE IV The number of sh	nares of stock is:	3,000		
ARTICLE V	INTTIAL OF	TICERS AND/OR DIREC	TOPS	
		Greenfield	Name and Title:	
Address:	President	Greenfield and CEO	Address:	
	1021 E H	awthome Circle		
		d, Florida 33021		
	•	•		
	Title:		Name and Title:	
Address:			Address:	
				<u></u>
Name and	Title:		Name and Title:	
Address:				
				
ARTICLE VI	REGISTERE			
The <u>name and F</u>		ress (P.O. Box NOT acceptab		
Name:		Greenfield		25 7
Address:	1021 E	Hawthome Circle	<u> </u>	Se s
	.Hallywa	od, Florida 33021		
ARTICLE VII	INCORPORA	TOP.		
				의 의 의
Name:	ddress of the Incom	Greenfield		Ha Z
Address:		lawthorne Circle		
Addiess.		od, Florida 33021		a i
	•	•		골든 w
Having been nar	ned as registered	agent to accept service of pr	rocess for the above stated cor	poration at the place designated in
his certificate, I	am familjar with o	and adopt the appointment a	is registered agent and agree to	act in this capacity
THE STATE OF THE S	Tut Idanik			September 7, 2012
- V	Regaire	d Signature/Registered Agent		Date
submit this doc	cument and affirm	n that the facts stated hereis	n are true. I am aware that th felony as provided for in s.817.	ne false information submitted in a
wanted to the L	ocparinjeni gi su	e consumer a mara degree)	iciony as provided jor in \$.61 /.	<i>まびび9 X 0i3</i> 0
/	GAHHH /h.	n/1/11/		O
	[[M]]-CZ/[[[MIN		September 7, 2012
_	Kequi	se Signature/Incorporator		Date