

P12000083189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

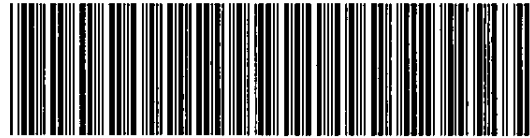
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000240174690

10/01/12--01018--011 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12 OCT - 1 AM 10:01

FILED

J. Shivers OCT 02 2012

## COVER LETTER

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

**Pete's Pharmacy Inc.**

**SUBJECT:** \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/>	\$70.00 Filing Fee	<input type="checkbox"/>	\$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/>	\$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/>	\$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>							

Peter R. Barski  
FROM: \_\_\_\_\_  
Name (Printed or typed)  
**10909 S.E. Harken Terrace**  
\_\_\_\_\_  
Address  
**Jupiter, Florida 33469**  
\_\_\_\_\_  
City, State & Zip  
**561-339-9412**  
\_\_\_\_\_  
Daytime Telephone number  
**peter.barski@att.net**  
\_\_\_\_\_  
E-mail address: (to be used 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 NAME**

The name of the corporation shall be: Pete's Pharmacy Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
Pete's Pharmacy  
6400 South Federal Hwy.  
Stuart, FL 34997

Mailing address, if different is:  
Pete's Pharmacy  
10909 SE HARKEN Terrace  
JUPITER, FL 33469

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit INDEPENDENT Retail Pharmacy

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED SHARES)

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

Name and Title: <u>PETER BARSKI, PRESIDENT</u>	Name and Title: _____
Address: _____	Address: _____
_____ <u>VICE-PRESIDENT</u>	_____
_____ <u>TREASURER</u>	_____
_____ <u>SECRETARY</u>	_____

Name and Title: <u>10909 SE HARKEN Terrace</u>	Name and Title: _____
Address: <u>JUPITER, FL 33469</u>	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: PETER BARSKI  
Address: 10909 SE HARKEN Terrace  
JUPITER, FL 33469

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PETER BARSKI  
Address: 10909 SE HARKEN Terrace  
JUPITER, FL 33469

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

Peter R Barski

Required Signature/Registered Agent

9/26/12

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.

Peter R Barski

Required Signature/Incorporator

9/26/12

Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12 OCT -1 AM 10:01

FILED