## Prooposs203

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12 OCT - 1 AM 11: 49

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## **COVER LETTER**

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

SUBJECT: GULF SHORE BLVD C	CORP
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
·	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	•
FROM: GULF SHORE APOTHEO Name	CARY/JOHN ATKINSON (Printed or typed)
1400 GULE SHORE BL	VD N #100
1400 GULF SHORE BL	Address
NAPLES FL 34102	State & Zip
239 262 2222  Daytime To	elephone number
GULFSHORERX1@GM/ E-mail address: (to be used	AIL.COM
E man address. (to be usee	ioi iatare annual report nounteation)

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

ARTICI	FCC	)E	INCORPORATION
ARILL		JF.	INCORPORATION

.....

	I.,		NCORPORATION	C.C. (Dec.E4)	4
	-	liance with Chapter 607	/ and/or Chapter 621, 1	f.S. (Profit)	BD OF STATE
ARTICLE I The name of the o	NAME corporation shall be:	Gulf Sho	re Blud	SECRETARY COMMITTEEN OF C	OKI, CK whence
ARTICLE II	PRINCIPAL OFF	ICE		12 OCT - 1	AM 11: 49
	Principal street	address		Mailing address, if differ	
	1400 Gulf Sh.				
	Naples FL	34/02			
ARTICLE III	PURPOSE				
The purpose for	which the corporation i	is organized is:			
	Pharmain	7			
	,	,			
ARTICLE IV	SHARES				
The number of sh		ъ			
ARTICLE V	,	RS_AND/OR DIRECT	TORS		
	Title: Douglas	Braun, Pres		<b>:</b>	
Address:		anchester Pl	Address:		
	Naples,	FL 34110			
	1 1				
Name and 1 Address:	Title: Anna Go	raun, Vice Prei	Name and Title Address:	•	
Address.		FL 34110	Address:		
Name and T	Γitle:		Name and Title		
Address:			Address:		
	*· · · · · · · · · · · · · · · · · · ·		<del></del>		
A FORMAL IN LIN	DECICERDED 46	17.17	<del> </del>		
<i>ARTICLE VI</i> The name and Flo	REGISTERED AG orida street address (R	<del>IENT</del> LO. Box,NOT acceptable	e) of the registered ager	nt is:	
Name:		Douglas Brai			
Address:		6114 Marcher	terp1		
		May Ces, FC 34	<u> </u>		
ARTICLE VII	INCORPORATOR				
	Idress of the Incorporate				
Name:		Jouglas Drain	<del>'/</del>		/
Address:	<u> </u>	Naples FL 3411	, <u>, , , , , , , , , , , , , , , , , , </u>		
			<del></del>		
Having been nan this continents. Lo	ned as registered agent	to accept service of pro	ocess for the above star	ted corporation at the p	lace designated in
inis cerujicaie, i a	m jamunar wan unu uc	cepi ine appoiniment as	registerea agent ana a	gree to act in this capaci /	ny /
				9/2	.6/n
	Required Sign	nature/Registered Agent			Date
I suhmit this doc	ument and affirm that	the facts stated herein	are true I am aware	that the false information	an submitted in a
document to the D	Department of State con	stitutes a third degree fe	elony as provided for in	s.817.155, F.S.	/ /
		_	<u> </u>	a	bolis
	100				126112
· · · · · · · · · · · · · · · · · · ·	Required Si	gnature/Incorporator			Date