

P12000087593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

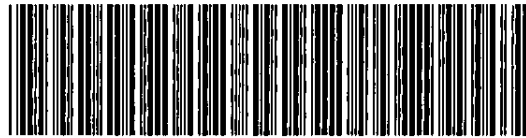
(Business Entity Name)

(Document Number)

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

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10/01/12--01034--006 \*\*78.75

FILED  
12 OCT 15 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/17/12

147 50558

COVER LETTER

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

SUBJECT: Kendall Drugs Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: MARIENE DEL CARMEN NORMAN  
Name (Printed or typed)

1107 SW 129 Ave.  
Address

MIAMI, FL 33184  
City, State & Zip

786-217-7669  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



RECEIVED  
12 OCT 15 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2012

MARLENE DEL CARMEN NORMAN  
1102 SW 129 AVE  
MIAMI, FL 33184

SUBJECT: KENDALL DRUGS CORP.  
Ref. Number: W12000050558

We have received your document for KENDALL DRUGS CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 112A00024467

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: Kendall Drugs Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1102 SW 129 Ave, Miami, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARLENE DEL CARMEN NORMAN, Address: PRESIDENT 102425, 1102 SW 129 Ave, Miami, FL 33184

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARLENE DEL CARMEN NORMAN, Address: 1102 SW 129 Ave, Miami, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARLENE DEL CARMEN NORMAN, Address: 1102 SW 129 Ave, Miami, FL 33184

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

[Handwritten signature of Marlene Del Carmen Norman]

Required Signature/Registered Agent

09/27/12 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.

[Handwritten signature of Marlene Del Carmen Norman]

Required Signature/Incorporator

09/27/12 Date