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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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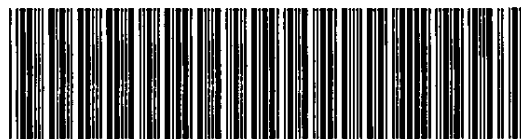
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/11

COVER LETTER

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

SUBJECT: Rx Express Pharmacy of Panama City Incorporated
(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 ☐ \$78.75
Filing Fee 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
ADDITIONAL COPY REQUIRED	

FROM: Rx Express Pharmacy of Panama City
Name (Printed or typed)

PO Box 310
Address

Panama City Florida 32402
City, State & Zip

(850)691-8318
Daytime Telephone number

RxexpressPC@gmail.com
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: Rx Express Pharmacy of Panama City, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Rx Express Pharmacy of Panama City
540 B East 6th St
Panama City, Florida 32405

Rx Express of Panama City
P.O. Box 310
Panama City, FL 32402

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own manage and operate
a pharmacy for the retail sale of pharmaceutical
drugs and related items, and any and all
other lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura A. Gould President

Address: 801 Balboa Ave
Panama City, FL
32401

Name and Title: Paul A. McMellon Vice President

Address: 6291 Calle De Hidalgo
Navarre, Florida
32566

Name and Title: Earl Boatright Secretary/Treasurer

Address: 103 Heritage Circle
Panama City Beach, FL
32407

Name and Title: Steve A McMellon SR

Address: 7100 Hwy 614 Hurley, MS
Hurley, MS
39555

Name and Title: Stephen S. Holston

Address: 2952 Market St
Pascagoula, MS
39567

Name and Title: Matthew Walters

Address: 4004 Ebenezer Church Rd
Jay, FL
32565

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name:

Earl S. Boatright

Address:

103 Heritage Circle
Panama City Beach, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Earl S. Boatright

Address:

103 Heritage Circle
Panama City Beach, FL
32407

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

Earl S. Boatright

Required Signature/Registered Agent

3-1-2013

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.

Earl S. Boatright

Required Signature/Incorporator

3-1-2013

Date