AIA CORPORATE

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Division of Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

RECEIVED MAR 2 1 2013

From:

: SUPERBIZ.COM, INC. Account Name

Account Number: I20070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION MARION OAKS PHARMACY, INC.

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02
\$70.00

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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: MARION OAKS PHARMACY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is: 13795 SW 36TH AVE RD. # 6
OCALA, FLORIDA 34473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR & PRESIDENT:

OSARHIEME IGBINOBA OKOJIE

13795 SW 36TH AVE RD. # 6

OCALA, FLORIDA 34473

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PAGE 2 MARION OAKS PHARMACY, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
OSARHIEME IGBINOBA OKOJIE
13795 SW 36TH AVE RD. # 6
OCALA, FLORIDA 34473

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:
OSARHIEME IGBINOBA OKOJIE
13795 SW 36TH AVE RD. # 6
OCALA, FLORIDA 34473

Having been named as registered agent to accept service of process for the above 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.

OSARHIEME IGBINOBA OKOJIE PREGISTERED AGENT DATE

OSARHIEME IGBINOBA OKOJIE / INCORPORATOR

DATE

7/2012013