

4/24/2013 16:33: From: T: 500176731

(8/11)

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Pharocorp Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

13 APR 24 AM 9:22

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Pharocorp Inc.

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

FROM: Bernard Blum
Name (Printed or typed)
429 Lenox Street, Suite 5W19
Address
Miami, Florida 33139
City, State & Zip
305-401-6266
Daytime Telephone number
bb@blumfl.net
E-mail address: (to be used for future annual report notification)

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

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13 APR 24 AM 9:22

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of this corporation shall be: Pharocorp Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

429 Lenox Street, Suite 5W19

Miami, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Coordinate Services to Family Entities

ARTICLE IV SHARES

The number of shares of stock is: 3000 with \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bernard Blum, Director

Address: 429 Lenox Street, Suite 5W19

Miami, Florida 33139

Name and Title: Bernard Blum, President

Address: 429 Lenox Street, Suite 5W19

Miami, Florida 33139

Name and Title: Bernard Blum, Secretary

Address: 429 Lenox Street, Suite 5W19

Miami, Florida 33139

Name and Title: Bernard Blum, Treasurer

Address: 429 Lenox Street, Suite 5W19

Miami, Florida 33139

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS

13 APR 24 AM 9:22

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: Bernard Blum
Address: 429 Lenox Street, Suite 5W19
Miami, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Courtney Scanlon - c/o Hodgson Russ LLP
Address: 140 Pearl Street, Suite 100
Buffalo, NY 14202

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

By: Bernard Blum
Required Signature/Registered Agent

04/22/2013
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.817.133, F.S.

Courtney Scanlon
Required Signature/Incorporator
Courtney Scanlon

4/24/2013
Date