

P13000055413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

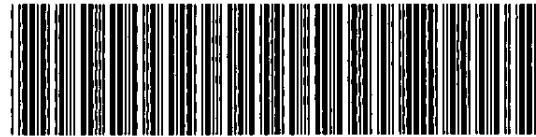
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800248495098

06/28/13--01001--002 **70.00

RECEIVED
DEPARTMENT OF STATE
CORPORATION DIVISION
2013 JUN 27 PM 2:34
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 JUN 27 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

✓ 06/27/13

COVER LETTER

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

SUBJECT: Ayers PERSONAL Prescription pick up and delivery Service 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
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: Monica L. Ayers
Name (Printed or typed)

1700 de Louis St #198
Address

Tallahassee, FL 32304
City, State & Zip

(850) 727-4658
Daytime Telephone number

monica1@aol.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: Ayers Personal Prescription Pick up and delivery Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1700 Joe Louis St #195

P.O. Box 37113

Tallahassee, FL 32304

Tallahassee, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this business will
provide prescription pick up from customers desired pharmacies
to them at an affordable rate.

FEIN# 90-1006-262

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica L. Ayers CEO Name and Title: _____

Address 1700 Joe Louis St #195 Address: _____

Tallahassee, FL 32304

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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18 JUN 27 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Monica Ayers
Address: 1700 Joe Louis St #195
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Ayers
Address: 1700 Joe Louis St #195
Tallahassee, FL 32304

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TALLAHASSEE FLORIDA

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

Monica Ayers
Required Signature/Registered Agent

6/27/13
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.

Monica Ayers
Required Signature/Incorporator

6/27/13
Date