

P 13000090375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

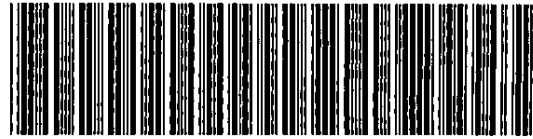
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS
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gr 11/5/13

COVER LETTER

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

SUBJECT: PHARMASURE HOLDING, 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

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

FROM: PHARMASURE HOLDING, INC.
Name (Printed or typed)

10281 NW 32ND STREET
Address

SUNRISE, FL 33351
City, State & Zip

954-394-6858
Daytime Telephone number

AL_MAYUNGBE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

PHARMASURE HOLDING, INC.

10281 NW 32nd Street Sunrise, FL 33351 954-394-6858

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

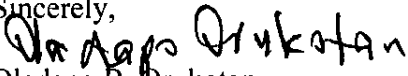
October 29, 2013

Subject: Release of Corporation Name

This is to certify that I am the president of Pharmasure Holding, Inc., listed under document No: P10000070914, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,


Oladapo B. Orukotan,
President

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: PHARMASURE HOLDING, INC.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

10281 NW 32ND STREET
SUNRISE, FL 33351

Mailing address, if different is:

10281 NW 32ND STREET

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Oladapo Orukotan-PD</u>	Name and Title:	_____
Address	<u>10281 NW 32ND STREET</u>	Address:	_____
	<u>Sunrise, FL 33351</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(conti.)

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:

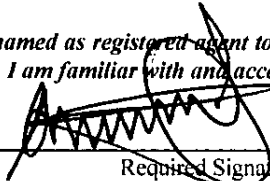
Name: Albert A. Mayungbe, CPA
 Address: 111 NW 183rd St, Suite 402
Miami, Fl 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oladapo Orukotan-PD
 Address: 10281 NW 32ND STREET
Sunrise, FL 33351

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



Required Signature/Registered Agent

10/29/2013

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.



Required Signature/Incorporator

10/29/2013

Date

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