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SECRETARY OF STATE DIVISION OF CORPORATIONS

144

COVER LETTER

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

SUBJECT: PHA	ARMA-CHEMICA	AL CORP	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: P	HARMA-CHEMIC		
1/	Name D870 NW 88TH TE	Printed or typed)	C 7 #202
		Address	Ο Ι πΖUΖ
D	ORAL, FL 33178	}	

PHARMACHEMICALCORP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

786-247-1531

City, State & Zip

Daytime Telephone number

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)

SECRETARY OF STATE

ARTICLE I The name of the co	NAME orporation shall be: PHARMA-CHEMI	CAL CORP	2013 NOV 1 2
	PRINCIPAL OFFICE		2813 NOV 12 PM 8: 11
	Principal street address	Mailin	g address, if different is:
10870 NW	88TH TERRACE BLDG 7		
UNIT 202			
DORAL, F	FL 33178		
ARTICLE III			
ANY AND	ALL LAWFUL BUSINESS		
ARTICLE IV	SHARES 4000		
The number of sha			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		
Name an	nd Title:	Name and Title:	
Address	10870 NW 88TH TERRACE BLDG 7	_ Address:	
	UNIT 202	_	
	DORAL, FL 33178		
Name and	d Title:	Name and Title:	
Address			
Address			
		-	
		-	
Name and	d Title:	Name and Title:	
Address		Address:	

			SECRETARY OF STATE
Name an	d Title:	Name and Title:	2818 NOV 12 PM 8: 11
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ROBERT GONZALEZ CEDEÑO		
Address:	10870 NW 88TH TERRACE BLDG 7 UNIT 202		
	DORAL, FL 33178	•	
ARTICLE VII The name and ac Name: Address:	INCORPORATOR Idress of the Incorporator is: ROBERT GONZALEZ CEDEÑO 10870 NW 88TH TERRACE BLDG 7 UNIT 202		
Having been nan	DORAL, FL 33178 ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated co	orporation at the place designated in e to act in this capacity
			11/05/2013
	Required Signature/Registered Agent	_	Date
I submit this doc document to the i	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that y as provided for in s.8	the false information submitted in a 17.155, F.S.
			11/05/2013
	Required Signature/Incorporator		Date