

PH000008700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

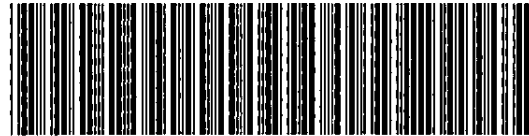
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/14--01004--005 **78.75

FILED
14 JAN 16 AM 7:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: MolluscumRx 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: Frank Almeida
Name (Printed or typed)

5349 Lk Jessamine Dr.
Address

Orlando, FL 32839
City, State & Zip

407-850-5599
Daytime Telephone number

Frank Almeida @ 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: Mollyscum Rx Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5349 Lk Jessamine Dr.
Orlando, FL
32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the sale of an OTC
product that treats molluscum
contagiosum.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Frank Almeida</u>	Name and Title:	<u>Charles Shaffer</u>
Address	<u>5349 Lk Jessamine Dr.</u>	Address:	<u>140 Emerald Blvd.</u>
	<u>Orlando, FL</u>		<u>Christiansburg, VA</u>
	<u>32839</u>		<u>24073</u>

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

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(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:

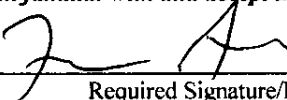
Name: Frank Almeida
Address: 5349 Lk Jessamine Dr.
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank Almeida
Address: 5349 Lk Jessamine Dr.
Orlando, FL 32839

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

1/14/14
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

1/14/14
Date

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TALLAHASSEE FLORIDA