

PA000015482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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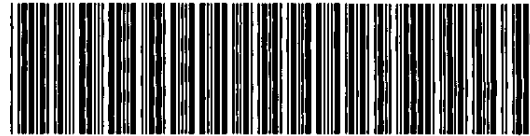
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Rx Scripts Pharmacy & Discount Corp.

(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisbet Alfonso, PharmD

Name (Printed or typed)

9400 W Flagler Street # 410

Address

Miami, Florida 33174

City, State & Zip

786-223-8275

Daytime Telephone number

rxscriptspharmacy.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

Rx Scripts Pharmacy & Discount Corp.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9400 West Flagler

410

Miami, FL 33174

ARTICLE III PURPOSE

By following the Florida Administrative Laws in the

The purpose for which the corporation is organized is:

practice of pharmacy, Rx Scripts Pharmacy and Discount ("the corporation"), will provide the

targeted community with prescription medications and pharmaceutical services. The

corporation also offers a unique discount center that will stock necessary over-the-counter

medications at competitive prices. The corporation will aim to provide their patients with rapid

delivery services on their maintenance medications during the hours of operation.

ARTICLE IV SHARES 1

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisbet Alfonso

Name and Title:

Address 9400 W Flagler Street #410

Address:

Miami, FL 33174

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
14 FEB 10 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Lisbet Alfonso, PharmD

Address: 9400 W Flagler Street #410

Miami, FL 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lisbet Alfonso, PharmD

Address: 9400 W Flagler #410

Miami, FL 33174

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

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

SEP 14 2014
14/09/14
AM 8:05
Date
STATE OF FLORIDA
ATLANTA