

01/30/2012 04:12

0076 P.0017.003

P14000025393

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000067884 3)))



H140000678843ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2014 MAR 20 PM 12:49

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
AA PHARMACY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
14 MAR 20 PM 4:10
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

01/30/2032 04:20

MAR-20-2014 THU 10:21 AM

CAPITAL ONE HEALT

FAX No. 305 4776518

#0876 P.002/003

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAR 20 PM 12:49

H14000067884

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

AA PHARMACY INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11338 SW 184 ST.
MIAMI, FL 33157

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Noel L. Perez
11338 SW 184 ST.
MIAMI, FL 33157

H14000067884

01/30/2032 04:20
MAR-20-2014 THU 10:21 AM

CAPITAL ONE HEALT

FAX No. 305 4776518

#0876 P.003/003

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2814 MAR 20 PM 12:49

H14000067884

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

NOEL L. PEREZ
11338 SW 184 ST.
MIAMI, FL 33157

The undersigned incorporator has executed these Articles of Incorporation this

20th day of March 2014.

X 
Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

NOEL L. PEREZ
11338 SW 184 ST.
MIAMI, FL 33157

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
(REGISTERED OFFICE)

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

X 
Registered Agent Signature

H14000067884