7/4000 36996

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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14 MAR 26 MM 8:50

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ACCOUNT NO. : 12000000195

REFERENCE: 071888 7665949

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: March 26, 2014

ORDER TIME : 2:36 PM

ORDER NO. : 071888-005

CUSTOMER NO: 7665949

DOMESTIC FILING

NAME:

INSTITUTIONAL PURCHASING

SERVICES, INC.

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION				
	_ CERTIFICATE OF LIMITED PARTNERSHIP _ ARTICLES OF ORGANIZATION				
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:				
	CERTIFIED COPY				
XX	PLAIN STAMPED COPY				
	CERTIFICATE OF GOOD STANDING				
CONTACT	PERSON: Susie Knight - EXT. 52956				
	EXAMINER'S INITIALS:				

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) MAR 25

AM 8: 50

ARTICLE 1 The name of the corp	VAME Institutional Purchasing	Services, Inc.	XII 8: 50
	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
515 N. Flagler Dri	Ve		
Suite P-300			
West Palm Beach	, FL 33401		
RTICLE III P	<u>URPOSE</u>		
he purpose for whi	ch the corporation is organized is:		
Group purchasing	organization and rebate processing pr	ovider.	
			The second secon
			
		erenn in squarpages	
	NITIAL OFFICERS AND/OR DIREC		John B. Davie, Secretary
Name and T	itte:	Name and Titl	e;
Address		Address:	515 N Flagler Drive
	Suite P-300		Suite P-300
	West Palm Beach, FL 33401		West Palm Beach, FL 33401
Name and Ti	John B. Davie, Treasurer	Name and Titl	Clifford M. Davie, Director
Address	515 N. Flagler Drive	Address:	515 N. Flagler Drive
	Suite P-300		Suite P-300
	West Palm Beach, FL 33401		West Palm Beach, FL 33401
Name and Ti	John B. Davie, Director	Name and Trial	۵۰
Address	515 N. Flagler Drive		e:
Viditess	Suite P-300	Address:	
	West Palm Beach, FL 33401		

Name a	and Title:	Name and Title:	
Addres	SS	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	fsho ragistared great is:	
ine <u>name and</u>	•	THE registered agent is.	
Name:	Corporation Service Company		
Address:	1201 Hays Street	•	
	Tallahassee, FL 32301	_	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	Joseph W. Corrigan		
Address:	800 Boylston Street	-	
**	Boston, MA 02199	-	
		-	
this certificates.	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg Service Company	for the above stated corporation for the above stated agent and agree to act in	n at the place designated in this capacity
	1 1/- 1	Se designate	326-14
2,72	Required Signature/Registered Agent	: S. Knight	Date
I submit this do	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false	information submitted in
	`		03/26/2014
	Required Signature/Incorporator		Date

COVER LETTER

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

SUBJECT:	stitutio	nal Purchasing Services, Inc.		
		(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	ı origi	nal and one (1) copy of the a	urticles of incorporation and	d a check for:
≥ \$70. Filing F		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
			ADDITIONAL CO	PY REQUIRED
FROM	Jenn :	ilfer Lynch c/o Posternak Blan Nar	kstein & Lund LLP ne (Printed or typed)	
	800 E	Boylston Street		
			Address	
	Bosto	on, MA 02199		
		Cit	y, State & Zip	
	617-9	973-6100		
	*****	Daytime	Telephone number	
	jlynch	n@pbl.com, corporateparalega	al@pbf.com	
		E-mail address: (to be us	sed for future annual report	notification)

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