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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (786)409-5946

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION PHARMGATE ACCESS, INC.

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ARTICLES OF INCORPORATION

2814 APR - 1 AM 11:00

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I</u>

The name of this corporation shall be: PHARMGATE ACCESS, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation shall be: 5742 SW 55TH AVENUE, DAVIE, FL 33314

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 1.000 shares common stock having \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

SHIRAZ ABDOOL 5742 SW 55TH AVENUE DAVIE, FL 33314

ARTICLE VII

The name and address of the board of directors shall be:

PRESIDENT
SHIRAZ ABDOOL
5742 SW 55TH AVENUE
DAVIE, FL 33314

ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

SHIRAZ ABDOOL 5742 SW 55TH AVENUE DAVIE, FL 33314

The undersigned has executed these Articles of Incorporation this 31^{ST} Day of MARCH 2014.

INCORPORATOR

HIGO TOPIC

JIVISION OF PORPARATOR

2014 APR - 1 AM 11:00

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PHARMGATE ACCESS, INC.

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the articles of Incorporation, I hereby accept the appointment as Registered Agent and agree to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

REGISTERED AGENT

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