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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
JOEY PHARMACY INC**

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:Joey Pharmacy Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2705 SW 142 AVE
MIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yovierki Adams (P)

14 JUN 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yovierki Adams
2705 SW 142 AVE
MIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yovierki Adams
2705 SW 142 AVE
MIAMI FL 33175

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Required Signatures:

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

Registered Agent_____
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.

Incorporator_____
DateSECRETARY OF STATE
TALLAHASSEE FLORIDA

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