

P140000055893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

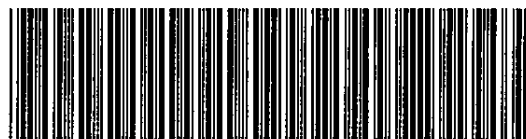
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900261648729

06/26/14--01012--001 \*\*70.00

FILED  
14 JUN 26 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# BOLURIND PHARMCLINIC INC.

2375 SW 126TH AVENUE MIRAMAR FL 33027 US (305)903-0445

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

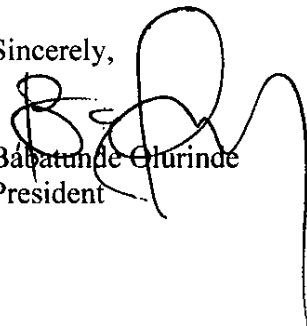
June 18, 2014

**Subject: Release of Corporation Name**

This is to certify that I am the president of Bolurind Pharmclinic, Inc, listed under document No: P11000101438, and registered by me with the State of Florida's Department of State, Division of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Olurinde', with a long, sweeping vertical line extending downwards from the end of the signature.

Babatunde Olurinde  
President

## COVER LETTER

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

**SUBJECT: BOLURIND PHARMCLINIC INC.**  
(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: BOLURIND PHARMCLINIC INC.**

Name (Printed or typed)

**2375 SW 126TH AVE**

Address

**MIRAMAR, FL 33027**

City, State & Zip

**305-903-0445**

Daytime Telephone number

**AL\_MAYUNGBE@YAHOO.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**

The name of the corporation shall be:

**BOLURIND PHARMCLINIC INC.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**2375 SW 126TH AVE**

**MIRAMAR, FL 33027**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**1000**

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Babatunde Olurinde/Prsd**

Address **2375 SW 126TH AVE**  
**MIRAMAR, FL 33027**

Name and Title: **Yetunde Olurinde/Trea**

Address: **2375 SW 126TH AVE**  
**MIRAMAR, FL 33027**

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

14 JUN 26 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: Albert A. Mayungbe, CPA  
Address: 111 NW 183rd Street, #402  
Miami, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Babatunde Olurinde  
Address: 2375 SW 126TH AVE  
MIRAMAR, FL 33027

*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

06/18/2014

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.*

\_\_\_\_\_  
Required Signature/Incorporator

06/18/2014

14 JUN 19 2014  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
JUN 18 2014  
AM 7:29