

05/13/2032 0
11/2/2014

P4009057261

#7090 001/003

Division of Corporations
Florida Department of State
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.

(((H14000158525 3)))



H140001585253ABC+

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 : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

14 JUL -2 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
SUNSHINE PHARMACY & DISCOUNT CORP.**

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

14 JUL -2 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000158525

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

SUNSHINE PHARMACY & DISCOUNT CORP.

Article II - Principal and Mailing Address

6526 KENDALE LAKES DR. APT. 1410
MIAMI FL, 33183

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

DANTE DANIEL MARTORELLA P.

SECRETARY, STATE
TALLAHASSEE, FLORIDA

14 JUL -2 PM 2:03

Article V - Registered Agent

The name and Florida street address of the registered agent is:

DANTE DANIEL MARTORELLA
6526 KENDALE LAKES DR. #1410
MIAMI FL, 33183

Article VI - Incorporator

The name and address of the incorporator is:

DANTE DANIEL MARTORELLA
6526 KENDALE LAKES DR. #1410
MIAMI FL, 33183

H14000158525

H14000158525

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

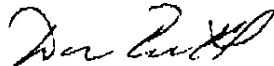


Registered Agent

07-02-14

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

07-02-14

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -2 PM 2:08

H14000158525