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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I2000000019

Phone : (305) 552-5973

Fax Number

: (305)675-5944

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

Email	Address	:		
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FLORIDA PROFIT/NON PROFIT CORPORATION PREMIER HEALTH PHARMACY & DISCOUNT, INC

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

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

NAME: The name of the corporation is: ARTICLE I

Dar and in		
PREMIER	HEALTH PHARMACY & DISCOUNT, Inc	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is: 1085 E. 4 QVE Suite C Hidleah FL 33010	
AR	TICLE III SHARES: The number of shares of stock is:	
•	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	50) - 50) - 50)
_	VICIORIA L. PEREZ - P	三
_		
_		3 5 7
-		12
_		
A	RTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The	e name and Florida street address (PO Box not acceptable) of the registered agent is:	
-	1085 E. 4 ave Suite C	
-	Halean FL 33010	
AI	RTICLE VI INCORPORATOR; The name and address of the Incorporator is:	
· .	Victoria L. FEREZ	
· <u>-</u>	1085 E. 4 ave Suite C	
	Hallah FL 33010	

H14000165991

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)

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.

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