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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/14/14

COVER LETTER

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

SUBJECT: PDL PHARMACY CORP.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: YORDY PONCE DE LEON

Name (Printed or typed)

14459 SW 31st ST

Address

MIAMI, FL 33175

City, State & Zip

7864434007

Daytime Telephone number

PDLPHARMACY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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:

PDL PHARMACY CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14459 SW 31st ST

MIAMI, FL 33175

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISPENSING PRESCRIBED AND NON PRESCRIBED PHARMACEUTICAL PRODUCTS.

MONITOR PATIENT DISEASE STATE AS WELL MEDICATION COMPLIANCE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YORDY PONCE DE LEON/OWNER

Name and Title: _____

Address 14459 SW 31st ST

Address: _____

MIAMI, FL 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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:

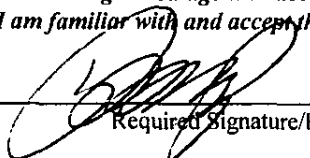
Name: YORDY PONCE DE LEON
Address: 14459 SW 31st ST
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YORDY PONCE DE LEON
Address: 14459 SW 31 st St
MIAMI, FL 33175

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

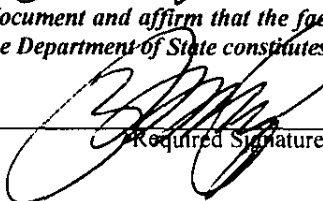


Required Signature/Registered Agent

08/07/2014

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

08/07/2014

Date

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TALLAHASSEE, FLORIDA