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Florida Department of State
Division of Corporations
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# FLORIDA PROFIT/NON PROFIT CORPORATION
# DCQ PHARMACY INC

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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 shall be: DCQ pharmacy INC

***ARTICLE II PRINCIPAL OFFICE***

Principal street address
57 West 3rd st
Hialeah, Fl 33010

Mailing address, if different is:
P.O.BOX 28256
Hialeah, FL 33002

***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: 100

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

Name and Title: Dayami Quesada President
Address 57 West 3rd st
Hialeah, Fl 33010

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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H14000198329

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: Dayami Quesada

Address: 57 West 3rd St
Hialeah, Fl 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dayami Quesada

Address: 57 West 3rd St
Hialeah, Fl 33010

*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*

Dayami Quesada — Required Signature/Registered Agent — 8/22/14 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.*

Dayami Quesada — Required Signature/Incorporator — 8/22/14 Date

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