P14000071529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/27/14

COVER LETTER

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

SUBJECT: Medwins Pharmacy 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 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: Vamsee Charan Nalagandla
Name (Printed or typed)

10377 Henbury St
Address

Orlando, FL 32832-6954
City, State & Zip

(248)631-6613
Daytime Telephone number

nhsakh@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: Medwins Pharmacy Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
10377 Henbury St
Orlando, FL 32832-6954

Mailing address, if different is:
Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Establish and operate retail pharmacy

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vamsee Charan Nalagandla, President
Address: 10377 Henbury St
Orlando, FL 32832-6954

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

Name and Title

Address

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vamsee Charan Nalagandla

Address: 10377 Henbury St

Orlando FL 32832-6954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vamsee Charan Nalagandla

Address: 10377 Henbury St

Orlando FL 32832-6954

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

8/13/2014

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

8/13/2014

Date

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TALLAHASSEE, FLORIDA