

P/4000071529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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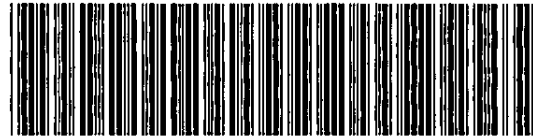
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 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

Mailing address, if different is:

10377 Henbury St
Orlando, FL 32832-6954

Same

ARTICLE III PURPOSE

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

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

Name and Title: _____

Address: 10377 Henbury St
Orlando, FL 32832-6954

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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 § 317.155, F.S.

Required Signature/Incorporator

8/13/2014

Date

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