

P14000073549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only ²



600263655976

09/02/14--01037--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -2 PM 3:06

9-501

COVER LETTER

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

SUBJECT: GATOR NATIONAL Rx 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: Charles D Blalock

Name (Printed or typed)

1007 Fairwinds Cr #207

Address

Plant City, FL 33563

City, State & Zip

813-361-6060

Daytime Telephone number

cha.tampa@verizon.net

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: GATOR NATIONAL Rx INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15417 N DALE MABRY HWY

TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP - 2 PM 3 96

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY C GRANELL Name and Title: PRESIDENT

Address: 15417 N DALE MABRY

HWY

TAMPA, FL 33618

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: ANTHONY C GRANELL
Address: 15417 N DALE MABRY HWY
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY C GRANELL
Address: 15417 N DALE MABRY HWY
TAMPA, FL 33618

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

8/28/14
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.

Required Signature/Incorporator

8/28/14
Date