

P19 000075157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

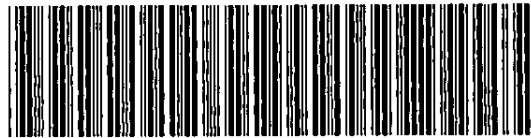
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
OFFICE OF SECRETARIES
2014 SEP 11 AM 10:51
TO ADOPTIVE USE
SUFFICIENCY OF FILING

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14 SEP 11 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Right Medication Solutions, 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: Henry Hall
Name (Printed or typed)

8511 Lakepoint Court
Address

Lake Worth, FL 33467
City, State & Zip

561.962.2719
Daytime Telephone number

clientservice@rightmedications.com
E-mail address: (to be used for future annual report notification)

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SEP 11 11 10 AM '08
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: Right Medication Solutions, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2385 NW Executive Center Dr., Ste100
Boca Raton, Fl 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide medication management datasheet to physician(s) on behalf of patient.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Hall (P) Name and Title: _____

Address: 8511 Lakepoint Ct Address: _____
Lake Worth, Fl 33467

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA
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(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: Henry Hall
 Address: 8511 Lakepoint Ct.
Lake Worth, FI 33467

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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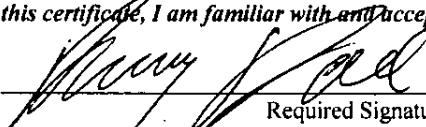
5470/1001
AUG 11
2014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry Hall
 Address: 8511 Lakepoint Ct.
Lake Worth, FI 33467

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

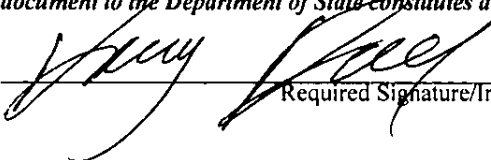


 Required Signature/Registered Agent

09/11/2014

 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

09/11/2014

 Date