

P19000075157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

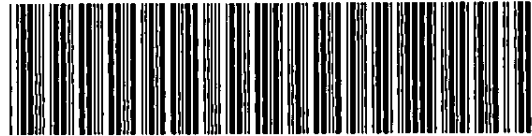
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263701097

09/11/14--01015--011 **87.50

RECEIVED
DEPARTMENT OF STATE
OVER THE HILL
2014 SEP 11 AM 10:51
TO ACHIEVE
SUFFICIENCY 95 FILING

APPROVED
FILED
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)

NOTE: Please provide the original and one copy of the articles.

14 SEP 11 AM 10:58
RECEIVED
SEP 14 2011
TALLAHASSEE, FL 32314

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
Lake Worth, Fl 33467

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRET
JUL 11 2004 9:19 AM

14 SEP 11 AM 10:58

ATTACHED
FOLD

(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

SECRET
14 SEP 11 AM 10:58
FBI
TALLAHASSEE, FLORIDA

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