

P14000075185

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000212411 3)))



H140002124113AB02

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PARK BLVD PHARMACY CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 SEP 10 PM 12:02
SECRETARY OF STATE
FALL ANDERSON, FLORIDA

14 SEP 10 AM 10:58
SECRETARY OF STATE
FALL ANDERSON, FLORIDA

RECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H14000212411

ARTICLE I NAME: The name of the corporation is:

Park Blvd Pharmacy Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

251 Park Blvd
MIAMI FL 33126

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maydee Mercedes Bresos (P)

SEP 14 10 12 AM '02
FELIX
MAYDEE
BRESOS

14 SEP 10 PM 12:02

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maydee Mercedes Bresos
251 Park Blvd
MIAMI FL 33126

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maydee Mercedes Bresos
251 Park Blvd
MIAMI FL 33126

H14000212411

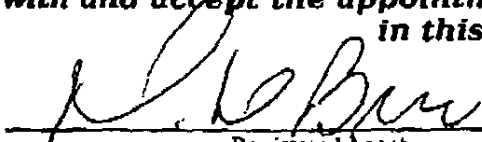
07/22/2032 00:00

#1731 P.003/003

H14000212411

Required Signatures:

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



Registered Agent

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.



Incorporator

Date

14 SEP 10 PM 12:02
SECRETARY OF STATE
TREASURER FLORIDA

H14000212411