

P140000 79755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

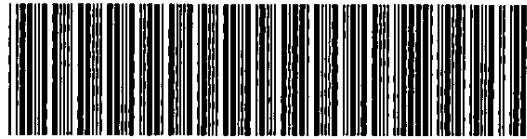
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/14--01033--005 **113.75

APPROVAL
AND
FILED
14 SEP 25 PM 3:24
SECRETARY OF STATE
HALLMARK BUILDING
COLUMBIA, MO 65201

VH

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Valued Choice Inc Corp
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Myhanh Tran.
Contact Person

Valued Choice Pharmacy
Firm/Company

5537 Sheldon Rd Suit Y
Address

Tampa, FL 33615
City, State and Zip Code

valuedchoice.pharmacy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myhanh Tran at (813) 786 2182
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2014

MYHANH TRAN
5537 SHELDON RD SUITE Y
TAMPA, FL 33615

SUBJECT: VALUED CHOICE PHARMACY LLC
Ref. Number: W14000025561

We have received your document for VALUED CHOICE PHARMACY LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please complete the Articles of Incorporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00008614



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

MYHANH TRAN
5537 SHELDON RD SUITE Y
TAMPA, FL 33615

SUBJECT: VALUED CHOICE PHARMACY LLC
Ref. Number: W14000025561

We have received your document for VALUED CHOICE PHARMACY LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00008614

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

APPROVAL
AND
FILED

14 SEP 25 PM 3:24

SECRET
DATE 10/05/14

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

VALUED CHOICE PHARMACY LLC

LI300014/307

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **LIMITED LIABILITY COMPANY**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **10/07/2013**

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

VALUED CHOICE PHARMACY, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

APPROVED
AND
FILED

Signed this 2 day of SEPTEMBER, 2014.

14 SEP 25 PM 3:24

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Myhanh
Printed Name: MYHANH TRAN Title: MANAGER/OWNER

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Myhanh
Printed Name: MYHANH TRAN Title: MANAGER/OWNER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

17 SEP 25 PM 3:24

ARTICLE I NAME

The name of the corporation shall be: VALUED CHOICE PHARMACY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

5537 SHELDON RD, STE Y
TAMPA FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATING COMMUNITY PHARMACY

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MYHANH TRAN

Name and Title: MANAGER/OWNER

Address: 5517 E LONGBOAT BLVD
TAMPA, FL 33615

Address:

Name and Title:

Name and Title:

Address:

Address:

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: MYHANH TRAN

Address: 5517 E LONGBOAT BLVD
TAMPA, FL 33615

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MYHANH TRAN
Address: 5517 E LONGBOAT BLVD
TAMPA, FL 33615

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AND
FILED

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TAXIATION
TAXPAYER

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

09/02/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

09/02/14
Date