

P14 0000 80384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

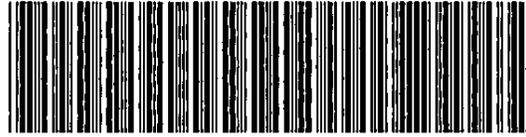
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/14--01033--011 **78.75

14 SEP 29 PM 2:08
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COVER LETTER

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

SUBJECT: Jubano Consulting, 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

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: Jubano Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5850 SW 37 Ave

Fort Lauderdale, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting to pharmacies for acquiring licenses, managing operations and acquisition of third parties and purchasing contracts.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Nowling, President

Name and Title: _____

Address 5850 SW 37 Ave

Address: _____

Fort Lauderdale, FL 33312

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: Justin Nowling
 Address: 5850 SW 37 Ave
Fort Lauderdale, FL 33312

14 SEP 29 PM 2:08
 STATE OF FLORIDA
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Nowling
 Address: 5850 SW 37 Ave
Fort Lauderdale, FL 33312

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

Justin B. Nowling
 Required Signature/Registered Agent

9-25-2014
 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.

Justin B. Nowling
 Required Signature/Incorporator

9-25-2014
 Date