

10/14/2032

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MED CHOICE PHARMACY CORP.**

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

1/4

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

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14 DEC -3 PM 12:50

ARTICLE I NAME: The name of the corporation is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MED CHOICE PHARMACY CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2017 WEST 62 STREET
HIALEAH FL 33010

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

PHILIP ODUH (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

PHILIP ODUH
2017 WEST 62 STREET
HIALEAH FL 33010

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

PHILIP ODUH
2017 WEST 62 STREET
HIALEAH FL 33010

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10/14/2032 06:01

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AND
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#4964 P.003/003

14 DEC -3 PM 12:50 H 140 00279087

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

X  12/02/2014

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.

X  12/02/2014

Incorporator Date