

01/05/2033 05:28

P15000018279

#787 P.001/003

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.

((H150000478113)))



H150000478113ABC.

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
HEALTH CONSULTANT PHARM CORP.**

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

FEB 25 2015
A. DUNLAP

15 FEB 26 AM 11:06

FILED

15 FEB 24 PM 4:17

RECEIVED

H15000047811

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Health Consultant Pharm Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1260 W 64 Terr
Hialeah FL 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yumisleidy Martinez (P)Victor Machado (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Yumisleidy Martinez
1260 W 64 Terr
Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yumisleidy Martinez
1260 W 64 Terr
Hialeah FL 33012SECRET
FALL ANNUAL REPORT 2013

15 FEB 24 AM 11:05

FILED

H15000047811

01/05/2033 05:28

02/24/2015 00:14

3055589941

M&P PHARMACY

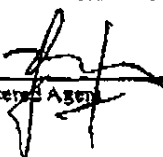
#7847 P.003/003

PAGE 03/03

H15000047811

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

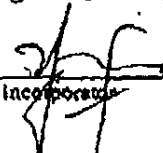


Registered Agent

2/24/15

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

2/24/15

Date

FILED
15 FEB 24 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL 32399

H15000047811