

P150000 33630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

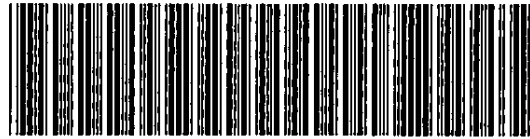
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 APR 10 AM 11: LN

RECEIVED
DIVISION OF REVENUE
15 APR 10 AM 11: LN

COVER LETTER

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

SUBJECT: Michelle Rx 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michelle Notarotomaso
Name (Printed or typed)

3610 Gardens Parkway #1004A
Address

Palm Beach Gardens, FL 1004A
City, State & Zip

(561) 313-3335
Daytime Telephone number

ml1052@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Michelle Rx Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8645 N. Military Trail
Suite 504
Palm Beach Gardens, FL 33418

8645 N. Military Trail
Suite 504
Palm Beach Gardens, FL 33418.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Own a Community
retail pharmacy.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Notaromas Name and Title: _____
President Address: _____
3610 Gardens Parkway #1004A Address: _____
Palm Beach Gardens, FL 33410 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

15 APR 10 AM 11:40

(cont.)

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: Michelle Notarotomaso
Address: 3610 Gardens Parkway 1004A
Palm Beach Gardens, FL 33410.

ARTICLE VII INCORPORATOR

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

Name: Michelle Notarotomaso
Address: 3610 Gardens Parkway 1004A
Palm Beach Gardens, FL 33410

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

Michelle Notarotomaso
Required Signature/Registered Agent

3/27/15
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.

Michelle Notarotomaso
Required Signature/Incorporator

3/27/15
Date