

## 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.

(((H15000092374 3)))



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

: (305)552-5973

Phone 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:	 		
一いなママ	WAAL COO.	 	 	 

## FLORIDA PROFIT/NON PROFIT CORPORATION **BOLLUK PHARMACY CORP**

Certificate of Status	0
Certified Copy	1
Page Count	93
Estimated Charge	\$78.75

Corporate Filing Menu

Help

Electronic Filing Menu

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

H 1	5000892374
(fīloī	FILED

15 APR 15 PM 1 28
A TOTAL VALVE AT A TABLE AT A TAB
BOLLUK PHARMACY CORP TALL AHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1777 W 39 PL
Higleah FL 33012
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Rosio Gonzalez (P)
- 10010 GOLIZATEZ
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
5005 W 20 ave Apt 103
Higleah FL 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Rosio Gonzalez
5665 W 20 ave Apt 103

門 5000092374

02/24/2033 05:31

Apr 14 15 03:44p 02/23/2033 04:56 3054549173

H 1 5 0 0 0 0 9 23 7 4 003

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

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.