

07/13/2033 05:31

#7057 P.001/004

15000072076

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.

(((H15000211250 3)))



H150002112503ABCR

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: _____

RECEIVED

15 SEP -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
J.S RX INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -1 AM 8:23

FILED

115000211250

9/1/15

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of J.S RX INC of Doc #
P14000030516 are the same owners of the attached articles of
incorporation. We have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,

NESTOR

RODRIGUEZ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP - 1 AM 8:23

FILED

115000211250

ARTICLES OF INCORPORATION

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

H15000211250

TAX ID 46-5494240

ARTICLE I NAME: The name of the corporation is:

J.S Rx INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1970 Opa Locka Blvd.
Opa Locka FL 33054**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

NESTOR RODRIGUEZ - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

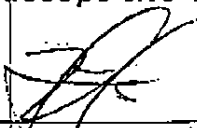
NESTOR Rodriguez
1970 Opa Locka Blvd.
Opa Locka FL 33054**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NESTOR RODRIGUEZ
1970 Opa Locka Blvd.
Opa Locka FL 33054

H15000211250

H15000211250

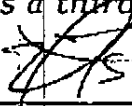
Required Signatures:

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_____
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_____
DateFILED
15 SEP - 1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000211250