

P16000010450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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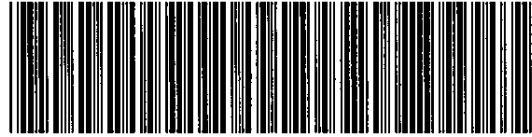
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVAL
AND
FILED
16 JAN 25 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MailMyPrescriptions.com Pharmacy Corporation

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Medgebow Law

Name (Printed or typed)

4171 W Hillsboro Blvd. Ste 9

Address

Coconut Creek, FL 33073

City, State & Zip

954-478-4223

Daytime Telephone number

joel@medgebowlaw.com

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

16 JAN 25 PM 5:31

ARTICLE I NAME

The name of the corporation shall be: MailMyPrescriptions.com Pharmacy Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
MailMyPrescriptions.com Pharmacy Corporation

Mailing address, if different is:

498 NE 37th Street

Boca Raton, FL 33431

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Santo Leo / President

Name and Title:

Address 498 NE 37th Street

Address:

Boca Raton, FL 33431

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 16 JAN 25 PM 5:34

Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joel Medgebow

Address: 4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

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

Name: Joel Medgebow

Address: 4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, FL 33073

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

1/20/2016

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.

Required Signature/Incorporator

1/20/2016

Date