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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

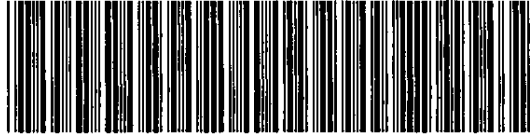
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**EFFECTIVE DATE**  
4-1-16

FILED  
2016 MAR -3 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2016

T. BROWN

## COVER LETTER

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

**SUBJECT:** Canadian Discount Med Services, 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      ☐ \$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:** Vicki Boody Mourer  
\_\_\_\_\_  
Name (Printed or typed)

1212 Cypress Cove Ct.  
\_\_\_\_\_  
Address

Inverness, FL 34450  
\_\_\_\_\_  
City, State & Zip

352-419-3726  
\_\_\_\_\_  
Daytime Telephone number

discountrxmi@gmail.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: Canadian Discount Med Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1212 Cypress Cove Ct.  
Inverness, FL 34452

Mailing address, if different is:  
PO Box 2516  
Inverness, FL 34451

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide information to medical patients regarding prescription drug costs.

**EFFECTIVE DATE**  
4-1-16

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vicki Mourer - President

Name and Title: \_\_\_\_\_

Address: 1212 Cypress Cove Ct.  
Inverness, FL 34450

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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: Vicki Mourer \_\_\_\_\_

Address: 1212 Cypress Cove Ct. \_\_\_\_\_

Inverness, FL 34450 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Vicki Mourer \_\_\_\_\_

Address: 1212 Cypress Cove Ct. \_\_\_\_\_

Inverness, FL 34450 \_\_\_\_\_

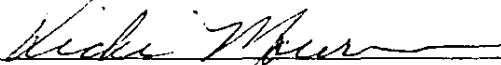
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 1, 2016 \_\_\_\_\_ (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*

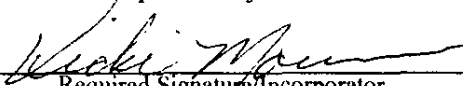


Required Signature/Registered Agent

3/1/2016

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

3/1/2016

Date