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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 31 AM 11:19

## COVER LETTER

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

**SUBJECT:** Custom Meds Management Co.

(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

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kirsten Kappus

Name (Printed or typed)

1275 Barclay Blvd

Address

Buffalo Grove, IL 60089

City, State & Zip

877-894-0073

Daytime Telephone number

kirsten.kappus@sta-is.com

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

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**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: Custom Meds Management Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

102 E Highland Blvd

Inverness, FL 34452

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawfull business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Jessica DiLeo/Director

Name and Title:

Address 102 E Highland Blvd

Address:

Inverness, FL 34452

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Jessica DiLeo  
Address: 102 E Highland Blvd  
Inverness, FL 34452

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16 MAR 31 AM 11:20

**ARTICLE VII INCORPORATOR**

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

Name: Jessica DiLeo  
Address: 102 E Highland Blvd  
Inverness, FL 34452

**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*

*J DiLeo*

Required Signature/Registered Agent

3.23.2016

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.*

*J DiLeo*

Required Signature/Incorporator

3.23.2016

Date