

P16 0000 85183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

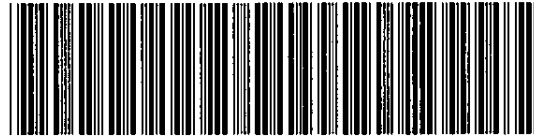
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

16 OCT 24 PM 2:47

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DEPARTMENT OF REVENUE
16 OCT 24 PM 2:30

M. MOON
OCT 24 2016

COVER LETTER

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

SUBJECT: _____

WCRx Pharmacy Central 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
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: _____

Emmanuel Patrick Inwang
Name (Printed or typed)

100 Salem Court
Address

Tallahassee, FL 32304
City, State & Zip

(504) 222-1963

Daytime Telephone Number

EINWANG@WCRxPharmacy.com

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

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

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APPROVAL
AND
RECORDS

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:

WCRx Pharmacy Central INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 Salem Court

Tallahassee, FL 32301

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Filing/opening Bank

Account

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Director / Emmanuel Inwang

Name and Title:

Address

100 Salem Court

Address:

Tallahassee, FL

32301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-10-2010 BY 60322

16 OCT 24 PM 2:47

NOTED
10/20/16

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: Emmanuel P. Tawang
Address: 100 Salem Court
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emmanuel P. Tawang
Address: 100 Salem Court
Tallahassee, FL 32301


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/24/16 (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

10/24/16
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

10/24/16
Date