

P17000001463

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
49TH STREET PHARMACY 1 CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2ND REQUEST

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9 2017

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profits)

ARTICLE I NAME: The name of the corporation is:

49TH Street Pharmacy I Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4355 W 16 Ave Suite #213

Hialeah FL 33012

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ricardo Montpeller (R)

STATE OF FLORIDA
TALLAHASSEE
JAN 6 2017

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FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Ricardo Montpeller

4355 W 16 Ave #213

Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Ricardo Montpeller

4355 W 16 Ave #213

Hialeah FL 33012

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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

R. J. Pellen 01-05-17
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 8.817.155, F.S.

R. J. Pellen 01-05-17
Incorporator Date

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