

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000011573 3)))



H170000115733ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 JAN 12 PM 3:20

BUREAU OF COMMERCIAL INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
BAPTIST PHARMACY DISCOUNT INC**

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 JAN 12 PM 1:44

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 13 2017

E. SCOTT

H17000011573

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Baptist Pharmacy Discount, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2853 NW 7th St, Miami, FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Irina Grillo Giniebra (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Irina Grillo Giniebra
2853 NW 7th St
Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Irina Grillo Giniebra
2853 NW 7th St
Miami FL 33125APPROVED
AND
FILED

17 JAN 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000011573

H17000011573

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



Registered Agent1/12/2017

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.



Incorporator1/12/2017

Date

H17000011573