

P17 000 069 564

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.

((H17000219294 3)))



H170002192943ABC2

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MEMORIAL PRIMARY CARE PHARMACY, INC

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

RECEIVED
17 AUG 17 PM 4:15
BUREAU OF CORPORATE
REGISTRATION SERVICES

17 AUG 17 11:30

H17000219294

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MEMORIAL PRIMARY CARE Pharmacy, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4894 NW 7th Miami FL 33126

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Odalis Lucia LLOPIZ HUERTA (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ODALIS LUCIA LLOPIZ HUERTA
4894 NW 7th
Miami FL 33126

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

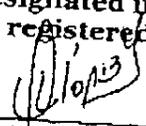
ODALIS LUCIA LLOPIZ HUERTA
4894 NW 7th
Miami FL 33126

H17000219294

H17000219294

Required Signatures:

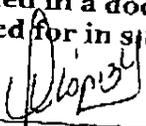
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered 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 §817.155, F.S.



Incorporator

Date

H17000219294