

P18 000 002 183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

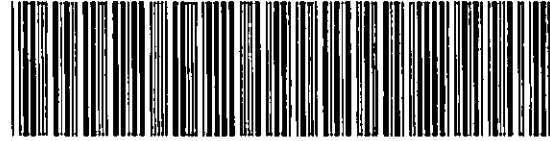
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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01/09/16--01007--001 \*\*70.00

D O'KEEFE  
JAN 09 2010

BOLURIND PHARMCLINIC INC.  
2375 SW 126<sup>th</sup> Avenue Miramar, FL 33027 (305)903-0445

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

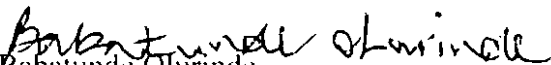
January 3, 2018

**Subject: Release of Corporation Name**

This is to certify that I am the President of BOLURIND PHARMCLINIC INC., listed under document No: PO140000055983, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,

  
Babatunde Olurinde  
President

D O'KEEFE

JAN 09 2018

## COVER LETTER

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

**SUBJECT:** BOLURIND PHARMCLINIC 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

**FROM:** BOLURIND PHARMCLINIC INC.  
Name (Printed or typed)

2375 SW 126TH AVE  
Address

MIRAMAR, FL 33027  
City, State & Zip

(305)903-0445  
Daytime Telephone number

al\_mayungbe@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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: BOLURIND PHARMCLINIC INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2375 SW 126TH AVE

MIRAMAR, FL 33027

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BABATUNDE OLURINDE - President

Address: 2375 SW 126TH AVENUE

MIRAMAR, FL 33027

Name and Title: YETUNDE OLURINDE - Treasurer

Address: 2375 SW 126TH AVENUE

MIRAMAR, FL 33027

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: BABATUNDE OLURINDE

Address: 2375 SW 126TH AVENUE

MIRAMAR, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BABATUNDE OLURINDE

Address: 2375 SW 126TH AVENUE

MIRAMAR, FL 33027

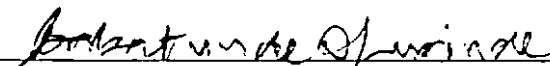
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

01/03/18  
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

01/03/18  
Date