

P18 000 013 395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

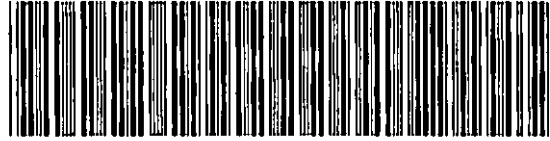
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB -6 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 09 2018

PHARM RESOURCES, INC.

10360 SW 186th Street MIAMI, FL 33197 (786)326-8058

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

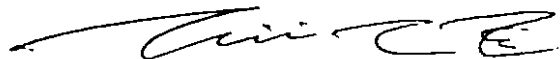
February 1, 2018

Subject: Release of Corporation Name

This is to certify that I am the President of Pharm Resource Inc. listed under document No: PO7000023927, 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,

A handwritten signature in black ink, appearing to read 'Achinike Ofoleta', written in a cursive style.

Achinike Ofoleta
Manager

COVER LETTER

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

SUBJECT: PHARM RESOURCE 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: OFOLETA, ACHINIKE L

Name (Printed or typed)

4634 NW 27TH AVE

Address

MIAMI, FL 33147

City, State & Zip

(786)326-8058

Daytime Telephone number

achioma54@hotmail.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

PHARM RESOURCE INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4634 NW 27TH AVE

10360 SW 186th Street, Unit 9070204

MIAMI, FL 33142

Miami, FL 33197

ARTICLE III PURPOSE

ANY AND ALL LAWFULL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OFOLETA, ACHINIKE L - PRESIDENT

Name and Title: _____

Address 4634 NW 27TH AVE

Address: _____

MIAMI, FL 33147

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: ALBERT A MAYUNGBE, CPA

Address: 111 NW 183RD STREET, SUITE 402

MAIMI, FL 33169

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OFOLETA, ACHINIKE L

Address: 4634 NW 27TH AVE

MIAMI, FL 33147

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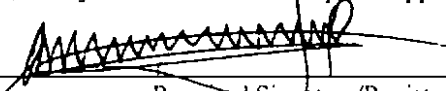
ARTICLE VIII EFFECTIVE DATE: 02/01/2018

Effective date, if other than the date of filing: _____ (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

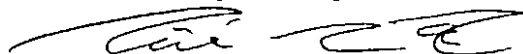


Required Signature/Registered Agent

02/01/2018

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

02/01/2018

Date