

P18 ~~000~~ 90395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

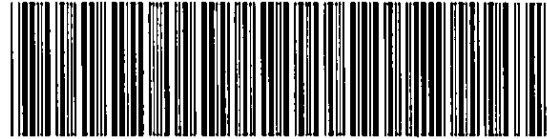
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10/29/18 10:12:30

19 OCT 29 PM 12:30

**COVER LETTER**

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

**SUBJECT:** Physician's Choice, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

kmh@beggslane.com

E-mail address: (to be used for future annual report notification)

19 OCT 29 PM 12:33

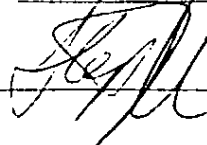
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# CERTIFICATE OF DOMESTICATION

The undersigned, Stephan Karian, President  
(Name) (Title)  
of Physician's Choice, Inc. a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 3, 1996
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Physician's Choice, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Physician's Choice, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Physician's Choice, Inc.  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 27 day of September, 2018

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

10 OCT 29 PM 12:35

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Physician's Choice, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address

Mailing Address

101 Mattie M. Kelly Blvd.

101 Mattie M. Kelly Blvd.

Destin, FL. 32541

Destin, FL. 32541

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Retail sales of natural health supplements and all other lawful business.

18 SEP 19 11:12:00

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

P/S/T/D - Stephan Karian

101 Mattie M. Kelly Blvd.

Destin FL 32541

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

19 OCT 22 PM 12:00

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Beggs & Lane

4405 Commons Drive East, Suite 102

Destin, FL. 32541

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Stephan Karian

101 Mattie M. Kelly Blvd.

Destin, FL. 32541

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

9/27/18

Signature/Incorporator

Date

9/27/2018

19 OCT 1 2018