Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

- -

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Parth Address.	Email Address:					
		<i>i</i> ^	844			

FLORIDA PROFIT/NON PROFIT CORPORATION **A&N PHARMACY INC**

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:
A&N PHARMACY INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 9788 Coral Way Meami, FL 33165
ARTICLE HI SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Yanny Mary Dursuli' 9788/ Coral Way
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
9788/ Corh/ Way
Niami FL. 33165

Required Signatures:

Having been named as registered agent to accept service of	of process for the abo	ve state
- corporation at the place designated in this cernificate. I an	n familiae with and a	ccept th
appointment as registered agent and agree to a	act in this capacity	
Il Cursuli	11/28/18	7
Registered Agent	Date	•
Submit this document and affirm that the force at a 12 are		
submit this document and affirm that the facts stated here he false information submitted in a document to the Depar	ein are true. I am awa	ire that
hird degree felony as provided for in s.817.155, F.S.	truterit of State Collet	itutes a
	1 1/10	
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Incorporator	11/28/18 Date	