

P19000088058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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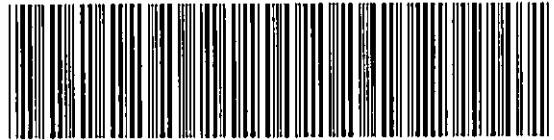
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 27 AM 11:15

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SEEK ONLY DATE
FALLS ASSESSOR, FLORIDA

2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 064158 8137682

AUTHORIZATION

(COST LIMIT : \$ 70.00)

ORDER DATE : November 26, 2019

ORDER TIME : 9:42 AM

ORDER NO. : 064158-005

CUSTOMER NO: 8137682

DOMESTIC FILING

NAME: MEDLY MIAMI INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
(XX) PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

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: MEDLY MIAMI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Medly Pharmacy - 104 Graham Ave

Brooklyn, NY 11206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: pharmacy business and such other activities as are permitted by law

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marg Patel, CEO and Director

Address: 76 Graham Ave

Brooklyn, NY 11206

Name and Title: Sahaj Patel, Chairman and Director

Address: 76 Graham Ave

Brooklyn, NY 11206

Name and Title: Jitendra Patel, VP and Director

Address: 76 Graham Ave

Brooklyn, NY 11206

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: LING LAU
Address: 104 Graham Ave
Brooklyn, NY 11206

ARTICLE VIII EFFECTIVE DATE:

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

Corporation Service Company

By:

Required Signature/Registered Agent

Harry B. Davis
Asst. Vice President

Date

11/27/17

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

11/18/2019

Date