

1/8/2020

Division of Corporations

P200000083283

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H200000083283))



H200000083283ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

RECEIVED

2020 JAN -8 PM 4:56

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: taxes@wgtax.com

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
SRQ CARE PHARMACY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN -8 PM 3:06

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/9/20

((H20000008328 3))

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: SRQ CARE PHARMACY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4201 S TAMiami TRAIL

SARASOTA, FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHARMACY & DRUG STORES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yelyzaveta Bramurova, President

Name and Title: _____

Address 4201 S TAMiami TRAIL

Address: _____

SARASOTA, FL 34231

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2020 JAN -8 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

((H20000008328 3))

((H20000008328 3))

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: YELYZAVETA BRAMUROVA
Address: 4201 S TAMIAMI TRAIL
SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

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

Name: YELYZAVETA BRAMUROVA
Address: 4201 S TAMIAMI TRAIL
SARASOTA, FL 34231

FILED
2020 JAN -8 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

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 business days prior or 90 business 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

/s/ YELYZAVETA BRAMUROVA 01/08/2020

Required Signature/Registered Agent 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.

/s/ YELYZAVETA BRAMUROVA 01/08/2020

Required Signature/Incorporator Date

((H20000008328 3))