

P200000004857

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

**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.**

(((H20000019255 3)))



H200000192553ABCY

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 23 PM 2:33

## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

## SW PHARMACY MANAGEMENT, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
2020 JAN 23 PM 2:04  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE



January 22, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: SW PHARMACY MANAGEMENT, INC  
REF: W20000004739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H20000019255  
Letter Number: 820A00001563

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:SW PHARMACY MANAGEMENT, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15421 SW 26 TERMIAMI FL 33185**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P LAZARO ALEXANDER MARTINEZVP FRANK E ELISSALT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


LAZARO ALEXANDER MARTINEZ15421 SW 26 TER MIAMI FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LAZARO ALEXANDER MARTINEZ15421 SW 26 TERMIAMI FL 33185FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 23 PM 2:33

**Required Signatures:**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date