

P200000029218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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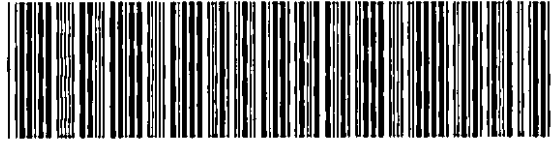
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/20--01617--005 **70.00

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2020 APR 10 PM 12:04
NOTARIAL

COVER LETTER

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

SUBJECT: KAUNA PHARMACY CONSULTING, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Lami Dantata

Name (Printed or typed)

3521 SW 41st Avenue

Address

West Park, FL 33023

City, State & Zip

941-518-3178

Daytime Telephone number

lamidantata@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

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2020 APR 10 PM 12:04

KAUNA PHARMACY CONSULTING, INC.

3521 SW 41st Avenue West Park, FL 33023 (941)518-3178

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

April 6, 2020

Subject: Release of Corporation Name

This is to certify that I am the President of KAUNA PHARMACY CONSULTING, INC. listed under document No. P17000088860, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,


Lami Dantata
President

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NOT RECORDED

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: KAUNA PHARMACY CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3521 SW 41st Avenue

Same as Above

West Park, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose for which the corporation is organized is to ensure patients medications are appropriate, effective, safe and used correctly. Also, to identify, resolve, and prevent, medication related problems that may interfere with the goals of therapy and to transact any business permitted under the law.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dantata, Lami--President

Name and Title: _____

Address 3521 SW 41st Avenue

Address: _____

West Park, FL 33023

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2020 APR 10 PM 12:04
CLERK OF DISTRICT COURT
JANUARY 1, 2020

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: Dantata, Lami
Address: 3521 SW 41st Avenue
West Park, FL 33023

ARTICLE VII INCORPORATOR

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

Name: Dantata, Lami
Address: 3521 SW 41st Avenue
West Park, FL 33023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/06/2020 (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

Lami Dantata
Required Signature/Registered Agent

4/6/2020
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.

Lami Dantata
Required Signature/Incorporator

4/6/2020
Date