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4/21/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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FLORIDA PROFIT/NON PROFIT CORPORATION MEDLY ORLANDO INC.

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MEDLY ORLANDO INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

c/o Medly Pharmacy - 104 Graham AvePo Box 60056Brooklyn, NY 11206Brooklyn, 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 DirectorName and Title: Sahaj Patel, Chairman and DirectorAddress: 104 Graham AveAddress: 104 Graham AveBrooklyn, NY 11206Brooklyn, NY 11206Name and Title: Jitendra Patel, VP and Director

Name and Title: _____

Address: 104 Graham Ave

Address: _____

Brooklyn, NY 11206

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **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 INCORPORATORThe **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

Amanda Robinson, Asst. Vice President

04/21/2020

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.

Required Signature/Incorporator

4/21/2020

Date

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