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		s for this business entity to be used for futu ings. Enter only one email address please.**

## FLORIDA PROFIT/NON PROFIT CORPORATION UNIQUE PHARMACY, CORP

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

M SIMMONS

MAY - 6 2020

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

<u>A</u> 1	TICLE I NAME: The name of the corporation i	s:
U	HQUE PHARMACY C	ORP
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	7800 SW 87 AVE #210	)-b
<del> ~</del> -	Miami, F1, 33173	
<del></del>		
ARTICLE III	SHARES: The number of shares of stock is:	100
ARTICI	EIV INITIAL DIRECTORS AND/OR OFF	ICERS:
	MONICA GOVANTES	(2)
	265 W 3rd AVE	· · · · · · · · · · · · · · · · · · ·
	265 W 3rd AVE HIALEAH, F/ 33014	
	INITIAL REGISTERED AGENT AND STREET  orida street address (PO Box not acceptable) of the re  MONICA GOVANTES	
	265 W 3 AVE	
	IAKEAH, F/ 33014	
ARTICLE VI	INCORPORATOR: The name and address of the MONICA GOVANTES	Incorporator is:

## 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 years 5/4/2020

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.

Incorporator

Date