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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

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

SUBJECT: <u>E-</u>	Pharmacy Tech Program, Inc		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an o	original and one (1) copy of the a	rticles of incorporation and	l a check for:
□ \$70.00 Filing Fe	• •	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Ruth Cash		
	Nar	ne (Printed or typed)	
	1875 NW 100th Way		
•		Address	
	Pembroke Pines, Florida 330		
	City	y, State & Zip	
	954-297-9398		
	Daytime	Telephone number	

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

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

cash04395@gmail.com

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

ARTICLE I NAME The name of the corporat	ion shall be: E- Pharmacy Tech	Program,	Inc.
<u>4RTICLE II PRINC</u> 1875 NW 100th W	TPAL OFFICE		Mailing address, if different is: P. O. Box 245126
Pembroke Pines,	Florida 33024		Pembroke Pines, Florida 33024
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is:		
To provide an online	e learning program; as well as	any and all	lawful business.
			
			
	L OFFICERS AND/OR DIRECTOR	_	e and Title:
Address	1875 NW 100th Way	Addr	ess:
	Pembroke Pines, Florida 3302	24	
Name and Title:		Name	e and Title:
Address			
		<u>. </u>	
Name and Title:		Name	e and Title:
Address		Addr	ess:

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ruth Cash	_	
Address:	1875 NW 100th Way		
	Pembroke Pines, Florida 33024		
<u>ARTICLE VII</u>	INCORPORATOR	MED JUH -9 FALLAHÁSSE	
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Ruth Cash		
Address:	1875 NW 100th Way	—	•
	Pembroke Pines, Florida 33024	元 第6 で 8	
Effective date, if (If an effective of filing.) Note: If the date		not be more than five days prior or 90 days after the	
	med as registered agent to accept service of process familiar with and accept the appointment as register.	i for the above stated corporation at the place designate tered agent and agree to act in this capacity 5/22/2	d in th
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false information submit ony as provided for in s.817.155, F.S.	ted in
LX		5/28/25	2ى
Required Signat	ure/Incorporator	Date	

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

> Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB No. 1545-0003 EIN

	irtment of the nal Revenue						
I HEAT		gal name of entity (or individual) for whom the EIN is b					
	1						
:		acy Tech Program, Inc. de name of business (if different from name on line 1)		3 Exe	cutor, administrator, trustee	"care of" name	
print clearly	2 Trade name of bosiness in different point name of line ty			LAC	botor, administrator, truster	s, care of hame	
S	4a Mailing address (room, apt., suite no. and street, or P.O. box)		box) 5	ia Stre	et address (if different) (Do	n't enter a P.O. box.)	
Ē	P. O. Box 245126				100th Way		
	4b Cit	y, state, and ZIP code (if foreign, see instructions)	:	b City	, state, and ZIP code (if for	eign, see instructions)	
ò		e Pines, Florida 33024	P	embrok	e Pines, Florida 33024		
Type	6 Co	unty and state where principal business is located					
7		County, Florida					
	7a Na	me of responsible party			7b SSN, ITIN, or EIN		
_	Ruth Cas					592-21-7426	
8a		application for a limited liability company (LLC)	_	- 1	8b If 8a is "Yes," enter		
		eign equivalent)?		_] No	LLC members		
8c		'Yes," was the LLC organized in the United States?			· · · · · · · · · ·	 	
9а	_	entity (check only one box). Caution: If 8a is "Yes," :	see the	instructi			
		e proprietor (SSN)			Estate (SSN of decede		
	_	tnership			Plan administrator (TIN	1)	
	_	poration (enter form number to be filed) 1120			Trust (TIN of grantor)		
		sonal service corporation			Military/National Guard		
	_	urch or church-controlled organization			Farmers' cooperative	☐ Federal government	
	_	er nonprofit organization (specify)			REMIC	Indian tribal governments/enterprises	
		er (specify) ►			Group Exemption Number		
9ъ		poration, name the state or foreign country (if pole) where incorporated	State		Foreig	gn country	
10			Florida				
10			_	_	pose (specify purpose)		
					ed type of organization (specify new type)		
					ust (specify type) ension plan (specify type)		
		repliance with this withholding regulations ler (specify) ►	Cl cle	aled a p	ension plan (specify type)		
11		siness started or acquired (month, day, year). See ins	truction	18	12 Closing month of a	accounting year	
	00.000	June 30, 2020				employment tax liability to be \$1,000 or	
13	Highest	number of employees expected in the next 12 month	s lente	r -O- if		ar year and want to file Form 944	
	•	no employees expected, skip line 14.	.5 (011101			Forms 941 quarterly, check here.	
	,	- · · · · · · · · · · · · · · · · · · ·		j	(Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for		
	Δ	gricultural Household C	ther				
	0 0 0				every quarter.		
15	First da	te wages or annuities were paid (month, day, year).	. Note:	If applic			
	nonresi	dent alien (month, day, year)		<u></u>	<u> </u>		
16	Check o	ne box that best describes the principal activity of your		_	Health care & social assista	nce Wholesale-agent/broker	
		istruction 🔲 Rental & leasing 🔲 Transportation & wi		ng 🔲	Accommodation & food ser	vice 🔲 Wholesale-other 🔲 Retail	
		al estate 🔲 Manufacturing 🔲 Finance & insura			Other (specify) - Online		
17		principal line of merchandise sold, specific construct	tion wor	rk done,	products produced, or sen	vices provided.	
_		Pharmacy Technician Program					
8		applicant entity shown on line 1 ever applied for and	receive	o an EIN	l? ☑ Yes ☐ No		
	ir Yes,	write previous EIN here 26-1344610	cet leaderde	unito ron	sing the patients FIN and page		
hi	rd	Complete this section only if you want to authorize the name Designee's name	A BIUIVIO	יים יים יפכו	eive me emily a chy and answer	Designee's telephone number (include area code)	
	rty Designee's name					besignee's teleprone number (include a ea code)	
	signee	· · · · · · · · · · · · · · · · · · ·				Designee's fax number (include area code)	
	-	71337333 BRG 211 COGE					
	r penalties of	perjury, I declare that I have examined this application, and to the best of it	Try knowler	oge and bel	et, it is true, correct, and complete.	Applicant's telephone number (include area code)	
		type or print clearly) ▶		• ·		[manage and cook]	
-						Applicant's fax number (include area code)	
1	ature 🕨				Date ►		

COVER LETTER

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



SUBJECT: E- Pharmacy Tech Program, Inc.
(PROPOSED CORPORATE NAME - MUS

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

☐ \$70.00 **☒** \$78.75 Filing Fee Filing Fee

& Certificate of Status

☐ \$78.75 ☐ \$87.50 Filing Fee. & Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

OM:	Ruth Cash		
	Name (Printed or typed)		
	1875 NW 100th Way		
•	Address		
	Pembroke Pines, Florida 33024		
	City. State & Zip		
	954-297-9398		
	Daytime Telephone number		
	cash04395@gmail.com		
_	E-mail address: (to be used for future annual report notification)		

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

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

ARTICLE I NAME The name of the corporat	tion shall be: E- Pharmacy Tech P	rogram, Inc.	
ARTICLE II PRINC 1875 NW 100th W	IPAL OFFICE	P. O. Box	Mailing address, if different is: 245126
Pembroke Pines,	Florida 33024	Pembi	roke Pines, Florida 33024
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:		
To provide an online	e learning program; as well as an		
	stock is: 100 L OFFICERS AND/OR DIRECTORS		
Name and Title		Name and Title	2.
Address		Address:	
	Pembroke Pines, Florida 33024		-
			2:
Address			
Name and Title:		Name and Title	e:
			· · · · · · · · · · · · · · · · · · ·
Address			
			

Name an	d Title:	Name and Title:	
Address		Address;	···
		-	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ruth Cash		
Address:	1875 NW 100th Way	_	
	Pembroke Pines, Florida 33024	<u> </u>	
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and ac</u>	Idress of the Incorporator is:		
Name:	Ruth Cash		
Address:	1875 NW 100th Way		
	Pembroke Pines, Florida 33024		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	. (OPTIO) not be more than five da	NAL) lys prior or 90 days after the
	inserted in this block does not meet the applicab ffective date on the Department of State's records		ments, this date will not be listed as
Having been nam certificate. I am f	ned as registered agent to accept service of process amiliar with and accept the appointment as regist	for the above stated corporered agent and agree to a	oration at the place designated in this ct in this capacity
			5/28/2020
	Required Signature/Registered Agent		Date ¹
	nument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
< KK			5/28/2020
Required Signatu	re/Incorporator		Date

Application for Employer Identification Number OMB No. 1545-0003 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) EIN (Rev. December 2019) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. Department of the Treasury ► See separate instructions for each line. ► Keep a copy for your records. Internal Revenue Service Legal name of entity (or individual) for whom the EIN is being requested - Pharmacy Tech Program, Inc. Trade name of business (if different from name on line 1) print clearly. Executor, administrator, trustee, "care of" name Mailing address (room, apt., suite no. and street, or P.O. box) Street address (if different) (Don't enter a P.O. box.) P. O. Box 245126 1875 NW 100th Way City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) ٥ Pembroke Pines, Florida 33024 Pembroke Pines, Florida 33024 County and state where principal business is located Broward County, Florida 7a Name of responsible party 7b SSN, ITIN, or EIN Ruth Cash 592-21-7426 Is this application for a limited liability company (LLC) 8b If 8a is "Yes," enter the number of (or a foreign equivalent)? Yes LLC members . ☐ No If 8a is "Yes," was the LLC organized in the United States? 🗌 Ма Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. ☐ Sole proprietor (SSN) Estate (SSN of decedent) ☐ Partnership Plan administrator (TIN) Corporation (enter form number to be filed) ▶ ☐ Trust (TIN of grantor) Personal service corporation ☐ Military/National Guard State/local government ☐ Church or church-controlled organization Farmers' cooperative Federal government Other nonprofit organization (specify) REMIC Indian tribal governments/enterprises ☐ Other (specify) ▶ Group Exemption Number (GEN) if any ▶ If a corporation, name the state or foreign country (if State Foreign country applicable) where incorporated Florida Reason for applying (check only one box) ■ Banking purpose (specify purpose) ► ✓ Started new business (specify type) ► Changed type of organization (specify new type) ► Online Education Program Purchased going business Hired employees (Check the box and see line 13.) ☐ Created a trust (specify type) ▶ Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ► Other (specify) ▶ Date business started or acquired (month, day, year). See instructions. 12 Closing month of accounting year If you expect your employment tax liability to be \$1,000 or June 30, 2020 less in a full calendar year and want to file Form 944 13 Highest number of employees expected in the next 12 months (enter -0- if annually instead of Forms 941 quarterly, check here. none). If no employees expected, skip line 14. (Your employment tax liability generally will be \$1,000) or less if you expect to pay \$5,000 or less in total wages.) Agricultural Household Other If you don't check this box, you must file Form 941 for every quarter. First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) Check one box that best describes the principal activity of your business. Health care & social assistance Wholesale-agent/broker Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail Other (specify) ► Online Education Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided, Online Pharmacy Technician Program 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes ☐ No If "Yes," write previous EIN here ▶ 26-1344610 Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Third Designee's name Designee's telephone number (include area code). ²artv)esignee Address and ZIP code Designee's fax number (include area code) ider penalties of perjury. I declare that I have examined this application, and to the best of my knowledge and belief, it is this, correct, and complete. Applicant's telephone number (include area code)

ime and title (type or print clearly) >

Applicant's fax number (include area code)

r Privacy Act and Paperwork Reduction Act Notice, see separate instructions.