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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
ST. JUDE PHARMACY & DISCOUNT #2, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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LSL
7/7/2020

Electronic Filing Menu Corporate Filing Menu Help

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: ST. JUDE PHARMACY & DISCOUNT #2, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2141 NW 7 ST
MIAMI, FL 33125

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares at $1.00 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ACIEL DIAZ MEDINA, PRESIDENT, SECRETARY
Address: 2141 NW 7 ST, MIAMI, FL 33125

Name and Title: JESUS ERNESTO GUTIERREZ JAIMES, VP, T
Address: 2141 NW 7 ST, MIAMI, FL 33125

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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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: ACIEL DIAZ MEDINA

Address: 2141 NW 7 ST

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ACIEL DIAZ MEDINA

Address: 2141 NW 7 ST

MIAMI, FL 33125

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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

_____ 07/02/2020

Required Signature/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.

_____ 07/02/2020

Required Signature/Incorporator Date