

12/23/2020

Division of Corporations

P2000098484

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000437798 3)))



H200004377983ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MEDLY TAMPA INC.**

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

2020 DEC 23 AM 11:28

2020 DEC 23 PM 2:31

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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 TAMPA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

C/O Medly Pharmacy - 31 Debevoise StBrooklyn, 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: 31 Debevoise StAddress: 31 Debevoise StBrooklyn, NY 11206Brooklyn, NY 11206Name and Title: Jitendra Patel, VP and Director

Name and Title: _____

Address: 31 Debevoise St

Address: _____

Brooklyn, NY 11206

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

DEC 23 11:23:31

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Ling Lau
Address: 31 Debevoise St
Brooklyn, NY 11206

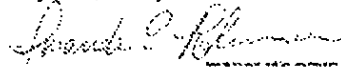
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

12/23/2020

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

12/22/2020

Date

2020 DEC 23 PM 2:31