

**P21000010183**

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
WESTMED PHARMACY, INC**

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

*Second Request 62*

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2021 FEB -8 PM 4:54

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:WESTMED PHARMACY, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6460 SW 8TH STREET  
MIAMI, FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PATRICK OSARENREN OJO  
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

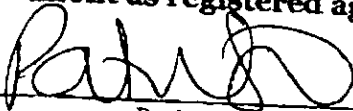
Patrick Osarenren Ojo  
6460 SW 8th Street  
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Patrick Osarenren Ojo  
6460 SW 8th Street  
Miami FL 33144

2021 FEB -8 PM 1:59

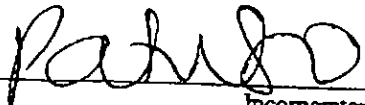
FILED

**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 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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date