

5/12/2021

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: hossain86@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Pharmasolutions Corp.

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

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OFFICIAL
NOTES

21 MAY 12 PM 9:07

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Pharmasolutions Corp.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
3603 Hamilton Key
West Palm Beach, Fl 33411

Mailing address, if different is:
3603 Hamilton Key
West Palm Beach, Fl 33411

ARTICLE III PURPOSE

SERVICE BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abu Salam, President Name and Title: _____

Address 3603 Hamilton Key Address: _____
West Palm Beach, Fl 33411

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Abu Salam
Address: 3603 Hamilton Key
West Palm Beach, Fl 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Abu Salam
Address: 3603 Hamilton Key
West Palm Beach, Fl 33411

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 business days prior or 90 business 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

/s/ Abu Salam

5/12/2021

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.

/s/ Abu Salam

5/12/2021

Required Signature/Incorporator

Date

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