

06/21/2021 15:27 3052 LAZARUS CORPORATE PAGE 1/8  
**P21000005836**

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**  
**IA SUPPLY PHARMACY CORP**

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

FILED  
SUMMARY OF CHANGES  
DIVISION OF CORPORATIONS  
21 JUN 21 PM 2:07

2021 JUN 21 PM 4:50

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

**ARTICLE I NAME:** The name of the corporation is:

IA SUPPLY PHARMACY CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6903 W FLAGLER ST  
MIAMI FL 33144

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Idel Armenteros (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Idel Armenteros

6903 W FLAGLER ST  
MIAMI FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

IDEL ARMENTEROS

6903 W FLAGLER ST  
MIAMI FL 33144

**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