P21000062466

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.

(((H21000246435 3)))

H21000246435 3ABC.

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 : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

FILED
2021 JUN 23 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PHARM TRANSIT INC

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

Electronic Filing Menu Corporate Filing Menu Help

(((H21000246435 3)))

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: PHARM TRANSIT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

Mailing address, if different is:

3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

FILED
2021 JUN 23 AM 9:36

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRIGOL AMBARDANISHVILI, PRESIDENT

Address: 3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

Name and Title: LEVANI CHITASHVILI, VICE PRESIDENT

Address: 3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(((H21000246435 3)))

Name and Title

Address

Name and Title

Address

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

GRIGOL AMBARDANISHVILI

3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is

GRIGOL AMBARDANISHVILI

3370 NE 190 STREET, UNIT 501

AVENTURA, FL 33180

FILED

2021 JUN 23 AM 9:36

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 Signature Registered Agent

6/4/2021

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 Signature Incorporator

6/4/2021

Date