

P210000080395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

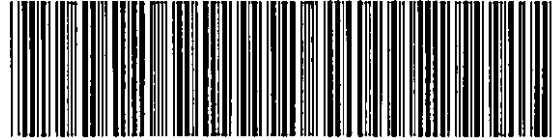
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Signature

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2021 AUG 13 PM 1:23

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PHARMACY FRANCHISEES AND OWNERS ASSOCIATION, INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Kaari Gagnon, Esq.

Contact Person

Zarco Einhorn Salkowski & Brito, P.A.

Firm/Company

2 S. Biscayne Blvd, 34th Floor

Address

Miami, Florida 33131

City, State and Zip Code

kgagnon@zarcolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaari Gagnon at ( 305 ) 374-5418

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$122.50 Filing Fees,
	and Certificate of	and Certified Copy	Certified Copy, and
	Status		Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

7/1/04  
1:23

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

PHARMACY FRANCHISEES AND OWNERS ASSOCIATION

Enter Name of the Converting Entity

2. The converting entity is a Corporation

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on February 26, 2004

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

PHARMACY FRANCHISEES AND OWNERS ASSOCIATION, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

Signed this 25 day of August, 20 21.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: Todd Rudergraff Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Todd Rudergraff Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I    NAME**

The name of the corporation shall be: PHARMACY FRANCHISEES AND OWNERS ASSOCIATION, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2900 N. University Drive, Suite 70  
Coral Springs, FL 33065

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The specific purposes of its business is to articulate and advocate the needs, interests and goals of its members in the context of a balanced, constructive, cooperative and mutually respectful relationship with other businesses; to foster and promote the interests of members, to protect and enhance the economic investment of members, unite members in a national, system-wide association to consider all matters affecting the activities and businesses of the members, to cooperate in the improvement of the legal, business and financial conditions of members, to secure, preserve, analyze, disseminate and distribute accurate and reliable information for its members; to establish and perpetuate efficient and economical group purchasing cooperatives and enterprises for the benefit of its members, and to articulate and advocate the needs and interests of its member before legislative, administrative and judicial branches of local, state and national governments; and to engage in any lawful act or activity for which a nonprofit corporation may engage in the State of Florida and elsewhere.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Todd Pendergraft, President

Address: 3359 South Elm Place  
Broken Arrow, OK 74012

Name and Title: Douglas Coyle, Vice President

Address: 900 Houstonville Rd.  
Danville, KY 40422

Name and Title: David Spence, Secretary

Address: 2301B E Mulberry St  
Angleton, TX 77515

Name and Title: Philip Rigsby, Treasurer

Address: 2701 E Patton Rd  
Huntsville, AL 35805

Name and Title: Larry McIntosh, Assistant Treasurer

Address: 10227 Hartshill Lane  
St. Louis, MO 63128

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

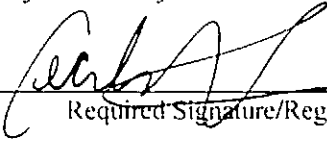
The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Zarco Einhorn Salkowski & Brito, P.A.

Address: 2 S. Biscayne Blvd., 34th Floor  
Miami, Florida 33131

\*\*\*\*\*

*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

08/26/2021

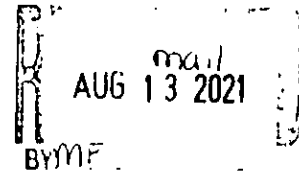
\_\_\_\_\_  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2021

KAARI GAGNON, ESQ.  
2 S. BISCAYNE BLVD, 34TH FLOOR  
MIAMI, FL 33131



SUBJECT: PHARMACY FRANCHISEES AND OWNERS ASSOCIATION, INC.  
Ref. Number: W21000109025

We have received your document for PHARMACY FRANCHISEES AND OWNERS ASSOCIATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II

Letter Number: 121A00018456