

# P22000053310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

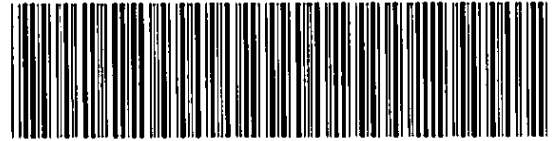
(Business Entity Name)

(Document Number)

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JUN 30 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FL

06/13/22 --01001--007 \*\*70.00

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2022 JUN 10 PM 3:48

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 6/10 LYNES

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

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INC

1. **PHARM@SEA, INC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** ViPharma, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Registered Agent Solutions, Inc.

Name (Printed or typed)

5301 Southwest Parkway Suite 400

Address

Austin Texas 78735

City, State & Zip

888-705-7274

Daytime Telephone number

moira.maresky@vikand.com

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2022

CORPORATE ACCESS

SUBJECT: PHARM@SEA, INC.  
Ref. Number: W22000079392

*Corrected*

We have received your document for PHARM@SEA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 822A00013222

ALLAHASSEE, FL 32909

2022 JUL - 1 AM 10:59

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**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: ViPharma, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

132 Cannonball Lane

Inlet Beach, FL 32461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FORMULARY DISTRIBUTION

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Peter S Hult, CEO

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

Address 132 Cannonball Lane

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

Inlet Beach, FL 32461

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

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

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

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

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: Registered Agent Solutions, Inc.  
Address: 155 Office Plaza Dr. Suite A  
Tallahassee, FL 32301

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STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Peter S Hult  
Address: 132 Cannonball Lane  
Inlet Beach, FL 32461

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/08/2022 (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*

Macchi's [Signature] 6/10/2022  
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.*

Peter Hult 6/10/2022  
DocuSigned by: Peter Hult, CEO  
CA09664B8000451... Required Signature/Incorporator Date