

P22000077977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

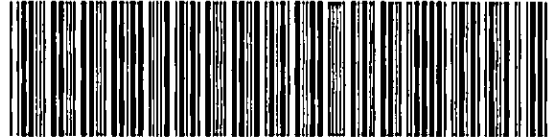
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/22--01009--013 **78.75

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
FALL HARBOR, FLORIDA

2022 OCT -3 AM 2:34

FILED

HL

September 27, 2022

To Whom It May Concern:

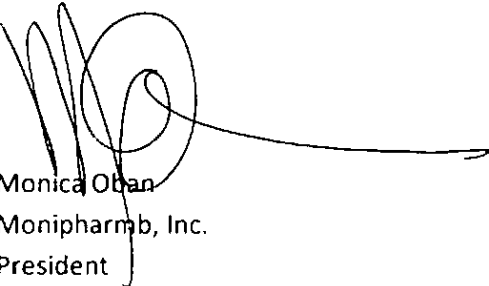
REF: MONIPHARMB, INC.

My name is Monica Oban, I am the President of **Monipharmb, Inc.**

At this time I don't want to reinstate this company

Please open the company again using the same name.

Thank you in advance,



Monica Oban
Monipharmb, Inc.
President

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2022 OCT -3 AM 2:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: MONIPIIARMB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4932 NW 66 AVENUE

SAME

LAUDERHILL, FL. 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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2022 OCT -3 AM 2:34
CLERK OF CIRCUIT
JALMAY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MONICA OBAN (P)

Name and Title: _____

Address 4932 NW 66 AVENUE

Address: _____

LAUDERHILL, FL. 33319

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: MONICA OBAN

Address: 4932 NW 66 AVENUE

LAUDERHILL, FL. 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA OBAN

Address: 4932 NW 66 AVENUE

LAUDERHILL, FL. 33319

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2022 OCT -3 AM 2:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 days prior or 90 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

[Signature]
Required Signature/Registered Agent

9/27/22
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.

[Signature]
Required Signature/Incorporator

9/27/22
Date