

TRANSMITTAL LETTER

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

SUBJECT: Transcare Prescription Services, Inc.
(Proposed corporate name - must include suffix)

700001858797
-06/11/96--01170--017
****122.50 ****122.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Carolyn Austin
Name (printed or typed)

1024 Byerly Way
Address

Orlando, FL 32818
City, State & Zip

407-295-8123
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN 11 PM 2:03

FILED

6-29-96
JAC

ARTICLES OF INCORPORATION

FILED
96 JUN 11 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Transcare Prescription Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

The address of the principal place of business is not yet known.

The mailing address is:

1024 Byerly Way
Orlando, FL 32818

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares of common stock having a \$1 par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carolyn Austin
1024 Byerly Way
Orlando, FL 32818

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Carolyn Austin
1024 Byerly Way
Orlando, Fl 32818

Tracie Loveless
509 Oak Branch Circle
Kissimmee, Fl 34758

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of June, 19 96.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Transcare Prescription Services, Inc.

2. The name and address of the registered agent and office is:

Carolyn Austin
(NAME)
1024 Byerly Way
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Orlando, FL 32818
(CITY/STATE/ZIP)

FILED
96 JUN 11 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

6/10/96
(DATE)