

P96000074819

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP -5 AM 9:48

TRANSMITTAL LETTER

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

600001940518
-09/06/96--01006---014
****131.25 ****131.25

SUBJECT: Universal Medical Pharmacy, Inc.
(Proposed corporate name - must include suffix)

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

FROM: Julio E. Gonzalez
Name (printed or typed)

13208 SW 131 ST.
Address

Miami, FL 33186
City, State & Zip

(305) 255-7570
Daytime Telephone number

AUTHORIZATION BY PHONE TO

CORRECT Heather A. I.

DATE 9/5/96

DOC EXAM Heather A. I.

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

BROWN SEP 10 1996

SECRET-FILED STATE
DIVISION OF CORPORATIONS
96 SEP -5 PM 9:48

**ARTICLES OF INCORPORATION
OF
UNIVERSAL MEDICAL PHARMACY, INC.**

ARTICLE I - NAME

The name of this corporation is: **UNIVERSAL MEDICAL PHARMACY, INC.**
470-G ANSIN BOULEVARD
HALLANDALE, FLORIDA 33009

ARTICLE II - PURPOSE

This corporation is organized to develop and operate, engage in and enter into any kind of business lawfully permitted in the United States of America, and particularly, as a pharmacy and medical nutritional products promotions, sales and distribution.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue one thousand (1000) shares of common stock with no par value.

ARTICLE IV - DURATION

This corporation is to exist perpetually.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of this corporation is:

**470-G ANSIN BOULEVARD
HALANDALE, FLORIDA 33009**

and the name of the initial registered agent of this corporation at that address is

MYRON F. TOPPER.

ARTICLE VI - DIRECTORS

This corporation shall have two (2) directors initially; the number of directors may be increased or diminished from time to time by the by-laws of the corporation, but shall never be less than one (1).

ARTICLE VII - INITIAL DIRECTORS

The names and post office addresses of the initial directors of this corporation are:

President - Myron F. Topper
1805 Hibiscus N.
Miami, FL 33181

Secretary - Treasurer - Julio E. Gonzalez-Carlo
7931 S.W. 147 Court
Miami, FL 33193

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these articles is:

Julio E. Gonzalez-Carlo
7931 S.W. 147 Court
Miami, FL 33193

ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER HAS EXECUTED THESE
ARTICLES OF INCORPORATION THIS 1st DAY OF September 1996.


Subscriber

STATE OF FLORIDA
COUNTY OF DADE

I hereby certify that on this day, before me, a Notary Public duly authorized in the State and
County named above to take acknowledgments, personally appeared

Julio E. Gonzalez-Carlo

to me known to be the person who executed the foregoing article of Incorporation, and he
acknowledged before me that he executed the same for the uses and purposes therein
expressed.

Witness my hand and official seal at Miami, Dade County, Florida this 1st day of Sept.,
1996.


Notary Public, State of Florida at Large

My commission expires:



SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -5 AM 9:48

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST - THAT UNIVERSAL MEDICAL PHARMACY, Inc.
Name of the Corporation

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA

ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF Halandale
City

STATE OF Florida HAS NAMED Myron F. Topper
State Name of Resident Agent

LOCATED AT 470-G Ansin Boulevard Halandale, FL 33009
Street Address and Number of Building
Post Office Box Addresses are not Acceptable

CITY OF Halandale, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE
City

OF PROCESS WITHIN FLORIDA.

SIGNATURE


Corporate Officer

TITLE

Secretary

DATE

Sept. 1, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO
ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES.

SIGNATURE


Resident Agent

DATE

SEPT 1, 1996

P96000074819

UMP

13008 S.W. 131st

MIAMI FL 33186

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Service

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 SEP 17 PM 2:27

FILED

200002295232--7
-09/17/97--01047--010
*****35.00 *****35.00

De 9/22

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
97 SEP 17 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MYRON F. TOPPER, hereby resign as PRESIDENT/DIRECTOR,
(Title)

of UNIVERSAL MEDICAL PHARMACY, INC,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314