

P96000083589

TRANSMITTAL LETTER

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

SUBJECT: PROFESSIONAL PHARMACY CONSULTANTS OF FLORIDA 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: CARIDAD GONZALEZ
Name (printed or typed)

5609 LONGBOAT BLVD.
Address

TAMPA, FLORIDA 33609
City, State & Zip

813-874-2848
Daytime Telephone number

100001966601
-10/07/96--01048--002
****131.25 ****131.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT -7 AM 7:40

FILED

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

B. REGISTER OCT 10 1996

ARTICLES OF INCORPORATION

FILED
96 OCT -7 AM 7:40
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:

PROFESSIONAL PHARMACY CONSULTANTS OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

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

3031 W. CYPRESS ST. TAMPA, FLORIDA 33609

ARTICLE III SHARES

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

10 (TEN) COMMON SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARIDAD GONZALEZ 5609 LONGBOAT BLVD. TAMPA, FLORIDA 33609.

ARTICLE V INCORPORATOR(S)

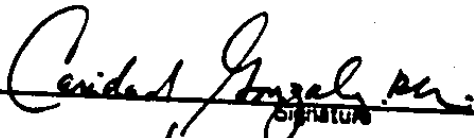
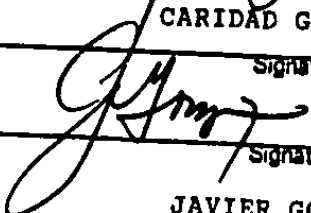
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

p CARIDAD GONZALEZ 5609 LONGBOAT BLVD. TAMPA, FLA. 33609.
vp JAVIER GONZALEZ 5609 LONGBOAT BLVD. TAMPA, FLA. 33609.

- 1) THIS CORPORATION WILL BE INVOLVED IN THE CONSULTING BUSINESS OF PHARMACIES AND PHARMACEUTICAL PRODUCTS.
- 2) THE BUSINESS AND AFFAIRS OF THIS CORPORATION, WILL BE CONDUCTED BY THE PRESIDENT AND VICE_PRESIDENT.
- 3) TEN COMMON SHARES OF STOCK WILL BE ISSUED WITH A PAR VALUE OF \$1.00 (ONE DOLLAR) EACH.

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

Fourth day of October, 1996.


Signature
CARIDAD GONZALEZ PRESIDENT

Signature
JAVIER GONZALEZ VICE_PRESIDENT

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: PROFESSIONAL PHARMACY CONSULTANTS
OF FLORIDA INC.

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

CARIDAD GONZALEZ

(Name)

5609 LONGBOAT BLVD.

(P.O. Box not acceptable)

TAMPA, FLORIDA 33609

(City/State/Zip)

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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.

Caridad Gonzalez
(Signature)

OCTOBER 4-1996
(Date)