

P96000091320

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 AM 8:35

SUBJECT:

The Medicine Shoppe, Inc.

400001995544--0
-11/05/96--01028--009
****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:

Mr. Samson Obinwa
3931 Central Avenue
St. Petersburg, FL 33713
(813) 327-4508

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

5
11/7

ARTICLES OF INCORPORATION

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:

The Medicine Shoppe, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

3931 Central Avenue
St. Petersburg, FL 33713

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Samson Obinwa
3931 Central Avenue
St. Petersburg, FL 33713

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

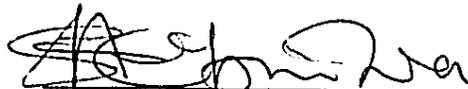
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Mr. Samson Obinwa
3931 Central Avenue
St. Petersburg, FL 33713

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

1 day of November, 1996.

(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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

CHAIRMAN: Mr. Samson Obinwa
ADDRESS: 3931 Central Avenue
St. Petersburg, Fl 33713

VICE CHAIRMAN:
ADDRESS:

DIRECTOR:
ADDRESS:

DIRECTOR:
ADDRESS:

B. OFFICERS

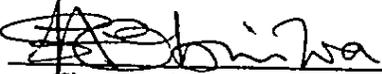
PRESIDENT: Mr. Samson Obinwa
ADDRESS: 3931 Central Avenue
St. Petersburg, FL 33713

VICE PRESIDENT:
ADDRESS:

SECRETARY:
ADDRESS:

TREASURER:
ADDRESS:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mr. Samson Obinwa, President
(Typed or printed name and capacity of person signing application)

11/1/96
(Date)

**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:

The Medicine Shoppe, Inc.

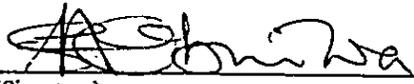
2. The name and address of the registered agent and office is:

Mr. Samson Obinwa
(Name)

3931 Central Avenue
(P.O. Box or Mail Drop Box NOT Acceptable)

St. Petersburg, FL 33713
(City/State/Zip)

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)

11/1/96
(Date)

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

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