P97000002803

LAZARUS CORPORATE		•
Requestor's	Name	
890 S.W. 87 AVENU	E SUITE: 16	
Add	ress	
MIAMI, FLORIDA 3	3174 (305)552-5973	
City/State/Zip	Phone #	0.00
LOCAL REPRESENTAT	IVE TALLAHASSEE	Office Use Only
CORPORATION NAME	(S) & DOCUMENT NUMBER	(S), (if known):
1. DISNEY P	HARMACY DIS	gountinc.
2. (Corporation N	ame) (Documen	700002053:3477 (#) -01710/9701028037 ****122.50 ****122.50
3(Corporation N	lame) (Documen	t #)
		•
4. (Corporation N	lame) (Documen	it #)
	up time	Certified Copy
Mail out Will	wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	SECO TO
Profit	Amendment	FILED 97 JAN 10 PH 1:08 SECRE FARY OF STATE SECRE FARSSEE, FLORID
NonProfit	Resignation of R.A., Officer/ Director	See Se in
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	TATE OR
Other	Merger	7
<u> </u>		_
OTHER FILINGS	REGISTRATION COUNTRIES OF	~ 4
Annual Report	MQUALIFICATION (I-10-97
Fictitious Name	Foreign	1-10-97
Name Reservation	Limited Partnership	<i>i</i> •
	Reinstatement	
	Trademark	2
	Other	

CR2E031(1/95)

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

97 JAN 10 PM 1:08

SECRE TARY 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:

Disney Pharmacy Discount INC.

ARTICLE II PRINCIPAL OFFICE

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

4849 EAST 8AVE. Hinleah, Fl. 33013

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SARA PADRON 874 W 79 St. Healeah, FL 33014

ARTICLE V INCORPORATOR(S)

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida Statutes, the following statement in designating the registered office/registered agent, in the State of FLORIDA Florida.

1.	The name of the corporation is: Disney Pharmary Discoun	t
	IDC.	
2.	The name and address of the registered agent and office is:	
	(NAME)	
	874 W 75 St	
	(P.O. BOX NOT ACCEPTABLE)	
	Healean, FC 33014	
	(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.