

P98000011953

TRANSMITTAL LETTER

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

700002422207--0
-02/05/98--01049--005
*****78.75 *****78.75

SUBJECT: HEALTH TECH 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

ADDITIONAL COPY REQUIRED

FROM: MORRIS KLEINMAN of HEALTH TECH PHARMACY INC
Name (Printed or typed)

3915 NW 75th TER
Address

LAUDERHILL FLA 33319
City, State & Zip

954-742-7448
Daytime Telephone number

FILED
98 FEB -5 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/6/98 - T.M.

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTH TECH PHARMACY INC.

ARTICLE II PRINCIPAL OFFICE

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

3915 NW 75TH TER. 3915 NW 75TH TER
LAUDERHILL FLA 33319

ARTICLE III SHARES

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

25,000,000 AUTHORIZED
1,000,000 OUTSTANDING

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

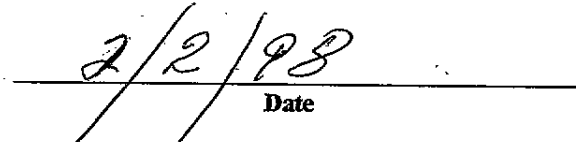
MORRIS KLEINMAN
3915 NW 75TH TER
LAUDERHILL FLA 33319

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MORRIS KLEINMAN OF HEALTH TECH PHARMACY INC.
3915 NW 75TH TER LAUDERHILL FLA 33319

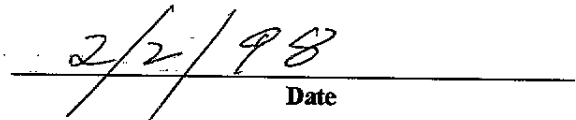

Signature/Incorporator


Date

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

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/Registered Agent


Date

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TALLAHASSEE, FLORIDA