

P98000028194

TRANSMITTAL LETTER

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

400002467924--9
-03/25/98--01042--018
*****78.75 *****78.75

SUBJECT: MEDS FOR LIFE, 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: DAVID L. GELLER
Name (Printed or typed)

5682 ROYAL LAKE CIR
Address

BOYNTON BEACH, FLA. 33487
City, State & Zip

561-499-9377
Daytime Telephone number

FILED
98 MAR 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TA-3/26/98

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:

MEDS FOR LIFE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4960 SW 52nd ST, SUITE 420
DAVIE, Florida 33314

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

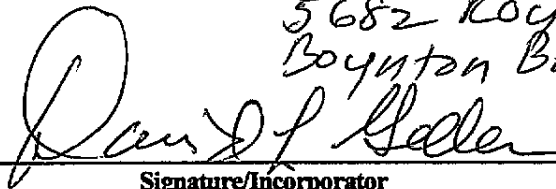
The name and Florida street address of the initial registered agent are:

MARTIN DORFMAN
5678 ROYAL LAKE Circle
BOYNTON BEACH, Fla. 33437

ARTICLE V INCORPORATOR

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

DAVID L. GELLER
5682 ROYAL LAKE Circle
BOYNTON BEACH, Fla. 33437




Signature/Incorporator

Date

3/23/98

(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

3/23/98

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TALLAHASSEE, FLORIDA