

TRANSMITTAL LETTER

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

898600028938

SUBJECT: IM Pharmaceutical Consultant Services, Inc.
(Proposed corporate name - must include suffix)

2

98 MAR 27 AM 11:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Joseette Miller
Name (Printed or typed)

2781 SE Blackwell Dr
Address

PSL, FL 34952
City, State & Zip

561-337-3806
Daytime Telephone number

300002470553--2
-03/27/98--01053--010
***122.50 ***122.50

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

A. CHESSEB MAR 30 1998

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:

Jm Pharmaceutical Consultant Services, Inc

ARTICLE II PRINCIPAL OFFICE

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

2781 SE Blackwell Drive
Port Saint Lucie, FL 34952

ARTICLE III SHARES

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

200 shares of no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

c/o Josette S. Miller
2781 SE Blackwell Drive
PSL, FL 34952

ARTICLE V INCORPORATOR

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

Josette S. Miller
2781 SE Blackwell Drive
Port Saint Lucie, FL 34952


Signature/Incorporator

3-24-98
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

3-24-98
Date

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