P98000014687

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

SUBJECT: 19 TH SCREE Pharmacy, INC. (Proposed corporate name - must include suffix)					
		€	500002513: -05/06/980 ****122.50	386- 107001 ****122	
Enclosed is an original a	nd one(1) copy of the articles	s 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	Ð	
		ADDITIONAL COPY REQUIRED & SER			
FROM: A	Budet dale	inted or typed) Address Akes, A	17 -6 PH 3: 52	FILED ETARY OF STATE OF CORPORATIONS	
_	954 485- Daytime To	269/ elephone number			

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



ARTICLES OF INCORPORATION

NA ME

ADTICLE I

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

ARTICUS I INIMA
The name of the corporation shall be:
19 TH SELECT PHARMACY, INC.
The principal place of business and mailing address of this corporation shall be:
2323 U.W. 19Th Steed
It Loudetdale, ald 333 11
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
LARRY EUGENE WILLIAMS
LARRY EUGENE WILLIAMS 3516 N.W. 42 Steed LAUderdale Lokes, CLA 33309
LAUderdale Lokes, U.A. 33309
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
LARRY BUGENE WILLIAMS
LARRY EUGENE WilliAMS 3516 NW 42, Steget
Louderdale butes, ela 33369
Jakry Jugny Tellens Colar 1, 1998
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

770 Date