

TRANSMITTAL LETTER

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

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-05/13/98--01074--016
*****78.75 *****78.75

SUBJECT:

PHARMACEUTICAL CONTROL ASSOCIATES, 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:

James E. Rush
Name (Printed or typed)

16133 Craigend Place
Address

Odessa, Florida 33556
City, State & Zip

(813)920-8151
Daytime Telephone number

FILED
98 MAY 13 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION

FILED

98 MAY 13 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PHARMACEUTICAL CONTROL ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

**16133 Craigend Place
Odessa, Florida 33556**

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**James F. Rush
16133 Craigend Place
Odessa, Florida 33556**

ARTICLE V INCORPORATOR(S)

The name(s) and address(s) of the incorporator(s) to these Articles of Incorporation is (are):


James F. Rush
16133 Craigend Place
Odessa, Florida 33556

Peter Lloyd
12908 Royal George Avenue
Odessa, Florida 33556

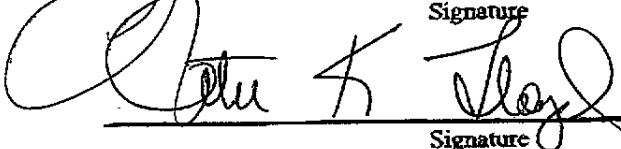
The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

11th day of May, 1998.

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



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **PHARMACEUTICAL CONTROL ASSOCIATES, INC.**

2. The name and address of the registered agent and office is:
Odessa,

James F. Rush

Name

16133 Craigend Place

P. O. Box or Mail Drop Box NOT ACCEPTABLE

Odessa, Florida 33556

City/State/Zip

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TALLAHASSEE FLORIDA

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

May 11, 1998
Date

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314