

P99000005708

TRANSMITTAL LETTER

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

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 JAN 15 PM 1:51

FILED

SUBJECT:

Pharm Store Co.

(Proposed corporate name - must include suffix)

900002744099--0
-01/15/99--01076--005
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Mary Ann Giambrotto

Name (Printed or typed)

5801 S.W. 55th Ave.

Address

Davie, FL 33314

City, State & Zip

954-316-4580

Daytime Telephone number

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

ajc
1/21

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:
Pharm Store Co.

Article II Principal Office

The principal place of business and mailing address of this corporation shall be:
5801 Sw. 55th Ave.
Davie, Fl. 33314

Article III Shares

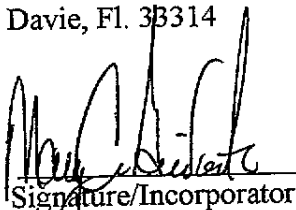
The number of shares of stock that this corporation is authorized to have outstanding at any time is:
100 (One Hundred) Shares

Article IV Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:
Mary Ann Giandonato
5801 SW. 55th Ave.
Davie, Fl. 33314

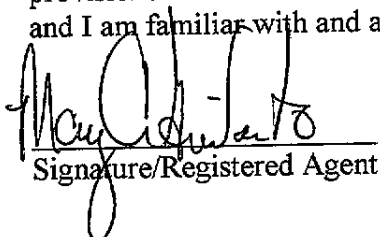
Article V Incorporator

The name and address of the incorporator to these Articles of Incorporation are:
Mary Ann Giandonato
5801 SW. 55th Ave.
Davie, Fl. 33314


Signature/Incorporator

1/12/99
Date

Having been named as registered agent 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

1/12/99
Date

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