

P99000032629

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Phunny Pharm, Inc.

300002831773--0  
-04/07/99--01029--022  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED  
99 APR -7 AM 10:20  
DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by: LS

4/7/99

9:40

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_  
☐ LTD Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☐ L.C. File \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_  
☐ Trade/Service Mark \_\_\_\_\_  
☐ Merger File \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ RA Resignation \_\_\_\_\_  
☐ Dissolution / Withdrawal \_\_\_\_\_  
☐ Annual Report / Reinstatement \_\_\_\_\_  
☐ Cert. Copy \_\_\_\_\_  
☒ Photo Copy \_\_\_\_\_  
☐ Certificate of Good Standing \_\_\_\_\_  
☐ Certificate of Status \_\_\_\_\_  
☐ Certificate of Fictitious Name \_\_\_\_\_  
☐ Corp Record Search \_\_\_\_\_  
☐ Officer Search \_\_\_\_\_  
☐ Fictitious Search \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

99 APR -9 PM 1:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

R. Purinton APR - 9 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 7, 1999

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301

SUBJECT: PHARM PHRESH, INC.  
Ref. Number: W99000008354

We have received your document for PHARM PHRESH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Randall Purintun  
Document Specialist

Letter Number: 399A00017622

**ARTICLES OF INCORPORATION**

**OF**

**PHUNNY PHARM, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR -9 PM 1:40

The undersigned subscriber hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I - NAME**

The name shall be **PHUNNY PHARM, INC.**

**ARTICLE II - ADDRESS**

The street address of the initial principal office of the corporation is 936 Victor Drive, Dunedin, Florida, 34698, and the mailing address of the corporation is the same.

**ARTICLE III - NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV - SHARES**

The maximum number of shares of stock that this corporation is authorized to issue is 7,000, having \$1.00 par value per share.

**ARTICLE V - STREET ADDRESS**

The street address of the initial registered office of the corporation is 936 Victor Drive, Dunedin, Florida, 34698, and the name of the initial registered agent at that office is JEFFREY P. SLYKER.

ARTICLE VI - INCORPORATOR

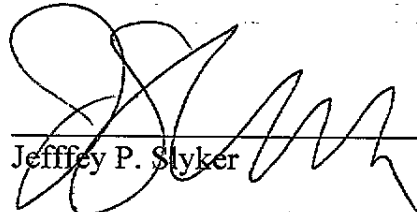
The name and address of the incorporator is JEFFFEY P. SLYKER, 936 Victor Drive, Dunedin, Florida, 34698.

ARTICLE II - DIRECTOR

This corporation shall initially have one Director, and the name and address of the individual who is to serve as the initial Director is JEFFFEY P. SLYKER, 936 Victor Drive, Dunedin, Florida, 34698.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this

6 day of April, 1999.

  
Jeffrey P. Slyker

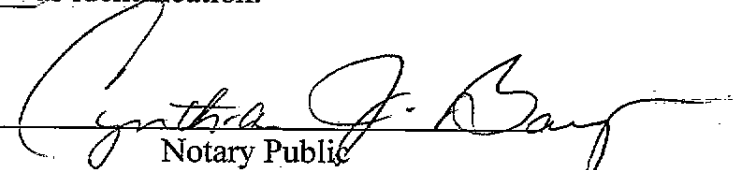
STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 6th day of April, 1999, by JEFFFEY P. SLYKER, who is personally known to me, ~~or who produced~~ as identification.

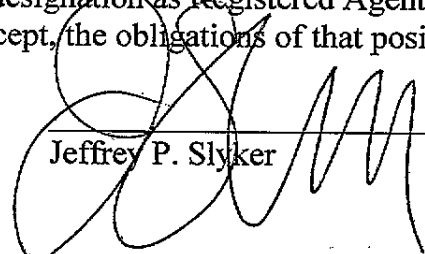


Cynthia J. Gay  
MY COMMISSION # CC545986 EXPIRES May 13, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

Cynthia J. Gay  
COMMISSION # CC545986 EXPIRES May 13, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Notary Public

I, JEFFREY P. SLYKER, accept the designation as Registered Agent of PHUNNY PHARM, INC and I am familiar with, and accept, the obligations of that position.

  
Jeffrey P. Slyker

99 APR -9 PM 1:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS