P99000059824

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000016244 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)541-3694
Fax Number: (305)541-3770

99 JUL -2 AM 9: 22
SECALTARY OF STATE
ARCALTARY F. FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

COMMUNITY PHARMACY AND HEALLTH SERVICES, INC.

Certificate of Status	O
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



H99000016244

ARTICLES OF INCORPORATION

OF

Community Pharmacy and Health Services, Inc. These Articles are in compliance with Chapter 607, F.S.

99 JUL -2 AM 9: 23
SECKEYARY OF STATE
TALL AHASSI'E, FLORIDA

ARTICLE I

The name of this corporation shall be: Community Pharmacy and Health Services, Inc.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 8352 N.E. 2nd Avenue, Miami, Florida 33328

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 100 shares having an individual par value of \$ 1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY 1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305)541-3694

199000016244

7

H99000016244

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: Stanley T. Davenport, 8235 N.E. 2nd Avenue, Miami, Florida 33138

ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

PRES/SEC/TREAS

Stanley T. Davenport

8352 N.E. 2nd Avenue Miami, Florida 33328

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 W. FLAGLER ST #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>1st</u> day of <u>July</u>, 19 99.

Incorporator
Ray Stormont/President
Signing for

Empire Corporate Kit of America, Inc.

H99000016244

H99000016244

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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.

First that COMMUNITY PHARMACY AND HEALTH SERVICES, INC. (Name of Corporation)

desiring to organize under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of incorporation has named STANLEY T. DAVENPORT (Name of Registered Agent)

located at 8352 NE 2 P AVENUE MIAMI, FLORIDA 33138

DADE

(County)

State of Florida, as its agent to accept service of process within this state.

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

H99000016244