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TRANSMITTAL LETTER

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

900003003059--8
-10/01/99--01078--001
*****87.50 *****87.50

SUBJECT: Pharmaceutical Exchange 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 of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: James Michael Johnson
Name (Printed or typed)

P.O. Box 1385
Address

Mayo, FL 32066
City, State & Zip

(904) 294-2639
Daytime Telephone number

APPROVED AND FILED
99 OCT -1 PM 2:25
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

gjc
10/1

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.

APPROVED AND FILED
99 OCT -1 PM 2:26
SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Pharmaceutical Exchange Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1385 Mayo, FL. 32066

ARTICLE III SHARES

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

Fifty (50)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

James M. Johnson. Hwy. 51 / P.O. Box 1385
Mayo, FL. 32066

ARTICLE V INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

James M. Johnson Hwy 51 / P.O. Box 1385
Mayo, FL. 32066

James M. Johnson
Signature/Incorporator

10/1/99
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

James M. Johnson
Signature/Registered Agent

10/1/99
Date