

**KB200023587**

**EXPRESS CORPORATE FILING SERVICE INC**  
 (Requestor's Name)  
 1000 PONCE DE LEON BLVD. STE: 101  
 (Address)  
 CORAL GABLES, FL 33134 305-444-4994  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. MORHAIM PHARMALAB, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

FILED RECEIVED  
 02 MAR -1 PM 12:40  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 DIVISION OF CORPORATION

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*WAG-595*

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 -03/01/02--01046--011  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 1, 2002

EXPRES CORPORATE FILING SERVICE  
1000 PONCE DE LEON BLVD.  
STE 101  
CORAL GABLES, FL 33134

SUBJECT: MORHAIM PHARMALAB, INC.  
Ref. Number: W02000005975

We have received your document for MORHAIM PHARMALAB, INC.. However, the document has not been filed and is being returned for the following:

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 802A00012650

RECEIVED  
02 MAR -4 AM 11:03  
DIVISION OF CORPORATIONS

**CERTIFICATE OF INCORPORATION  
OF**

**MORHAIM PHARMALAB, INC.**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing the information, rights, privileges, immunities and liabilities of incorporation for profit.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

**ARTICLE I**

The name of this corporation should be:

**MORHAIM PHARMALAB, INC.**

**ARTICLE II**

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

**ARTICLE III**

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of non par value. All stock is to be issued as fully paid and exempt from assessment.

**ARTICLE IV**

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the bylaws or written agreement among the stockholders, which shall be on file in the office of the corporation.

## ARTICLE V

The amount of the capital with which its corporation may begin doing business shall not be less than five hundred dollars (\$500.00).

## ARTICLE VI

The existence of the corporation is perpetual.

## ARTICLE VII

The initial post office address of the principal office of the corporation in the State of Florida is:

**7891 WEST FLAGLER ST. #575 MIAMI, FL. 33144**

The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is:

**7891 WEST FLAGLER ST. #575 MIAMI, FL. 33144**

The registered agent at the address is: *Wilsce Santiago De Quiroz*  
**7891 WEST FLAGLER ST. #575 MIAMI, FL. 33144**

## ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one, any more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business, which will be properly done by the directors on behalf of the corporation, shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated

to an executive committee.

#### ARTICLE IX

The names and post office of the members of the first board of directors and the state of corporate officers are as follows:

**WILSCE SANTIAGO DE QUIROZ - PRESIDENT**

#### ARTICLE X

THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244. OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER.

IN WITNESS WHEREOF, WE THE INCORPORATORS HEREUNTO SET OUR HANDS AND SEALS, THIS **February 19, 2002**  
**WILSCE SANTIAGO DE QUIROZ**

Incorporator

*Wilsce Santiago*

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporations, organized under the law of the State of Florida. The name of the corporation is **MORHAIM PHARMALAB, INC.** desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida has named:  
**MORHAIM PHARMALAB, INC.**

Agent to accept process in State of Florida County of Dade.

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.

**WILSCE SANTIAGO DE QUIROZ**

*Wilsce Santiago*

**FILED**  
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TALLAHASSEE FLORIDA