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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

**FLORIDA PROFTT CORPORATION OR P.A.
BETTER PHARMACY CORP.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION OF
BETTER PHARMACY CORP.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 this corporation is BETTER PHARMACY CORP.

ARTICLE II PRINCIPAL OFFICE

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

1441 N. Palm Avenue
Pembroke Pines, FL 33024

ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

<u>NAME</u>	<u>ADDRESS</u>
Sabrina Silva President, Secretary	1441 N. Palm Avenue Pembroke Pines, FL 33024
Armando Valdes V.P., Treasurer	1441 N. Palm Avenue Pembroke Pines, FL 33024

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sabrina Silva
1441 N. Palm Avenue
Pembroke Pines, FL 33024

ARTICLE VI INCORPORATOR

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

Sabrina Silva
1441 N. Palm Avenue
Pembroke Pines, FL 33024


Sabrina Silva

July 3rd 2003
Date

ACKNOWLEDGMENT:

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.


Sabrina Silva