

P04000165635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

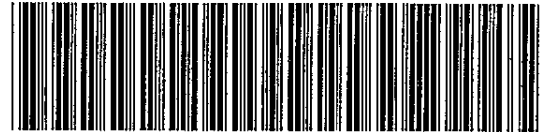
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC -9 P 4: 31

Handwritten: 00417-62592
08587-1100

Handwritten: 12/9/11

TRANSMITTAL LETTER

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

SUBJECT: LATIN AMERICA PHARMA SUPPLY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: BLAIR H. CHAN
Name (Printed or typed)

3839 W. KENNEDY BLVD.
Address

TAMPA, FLORIDA 33609
City, State & Zip

813/870-3839
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED
04 DEC -8 AM 9:54

December 2, 2004

BLAIR H. CHAN
3839 W. KENNEDY BLVD.
TAMPA, FL 33609

SUBJECT: LATIN AMERICAN PHARMA SUPPLY, INC.
Ref. Number: W04000043985

We have received your document for LATIN AMERICAN PHARMA SUPPLY, INC.. However, the document has not been filed and is being returned for the following:

List the name of the Registered Agent in Article VI.

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
Document Specialist
New Filings Section

Letter Number: 004A00067724

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LATIN AMERICA PHARMA SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1690 DUNN AVENUE, APARTMENT # 305
DAYTONA BEACH
32114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Luis Gustavo Di Mare Badilla, 988 Princeton Kingston Road, Princeton, New Jersey 08540 (President)
Victor Manuel Ruiz Pacheco, 988 Princeton Kingston Road, Princeton, New Jersey 08540 (Vice President)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

1690 DUNN AVENUE, APARTMENT # 305
DAYTONA BEACH
32114 c/o Victor Manuel Ruiz Pacheco

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luis Gustavo Di Mare Badilla, 988 Princeton Kingston Road, Princeton, New Jersey 08540

2009 DEC -9 P 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

11-16-09

Date

Signature/Incorporator

11-16-09

Date