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TRANSMITTAL LETTER

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

UBJECT: BIOA	AMAZONIC PHARMACEUT		
	(PROPOSED CORPORA	TE NAME – MUSTINCI	UDE SUFFIX)
closed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ ##0.00	[]] ##0 ##		~
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	
			& Certificate of
		ADDITIONAL	Status
		ADDITIONAL CO	PY KEQUIKED
FROM: BI	IOAMAZONIC PHARMACE	UTICALS INC.	
PROM.		(Printed or typed)	
			Burney Commence
	16119 S.W. 11Th, ST.		
•	2	Address	
	PEMBROKE PINES , FLO	RIDA, 33027	
-	City,	State & Zip	
	051 5171000		
	954-5471026		

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

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Daytime Telephone number

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:

BIOAMAZONIC PHARMACEUTICALS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16119 SW, 11Th St. Pembroke Pines Fl.33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Import, Manufacture and sale of Nutritional Supplements

ARTICLE IV SHARES

The number of shares of stock is: 500 shares having a par value \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Manuel E. Paz 10640 SW. 6 th.ST. Pembroke Pines Fl.33025 - President Gonzalo J.Paz 10640 SW.6Th.ST. Pembroke Pines Fl.33025 - V.President Sandro Paz 16119 SW.11Th.ST. Pembroke Pines Fl.33027 - Treasurer Daniel F.Paz 16119 SW.11Th.ST.Pembroke Pines Fl.33027 - Secretary

ARTICLE VI REGISTERED AGENT

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

Sandro Paz 16119 SW.11Th.ST. Pembroke Pines Fl.33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Paz 16119 SW.11ST, Pembroke Pines Fl. 33027

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 feelstered agent and agree to act in this capacity

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Dec.23,2004

Date

Signature/Incorporator

Dec.23,2004

Signature/Incorporator

Date