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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LAZARUS
CORPORATE FILING SERVICE**

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MIAMI, FL 33165 (305) 552-5973



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

1. EIS'S CARE PHARMACY INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 26 PM 2:17

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ARTICLE I - NAME

The name of the corporation shall be:

Fis's Care pharmacy Inc.

ARTICLE II - PRINCIPAL OFFICE

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

13205 SW 137 Ave Ste #207.
Miami, Fla 33186.

ARTICLE III - SHARES

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

100.

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

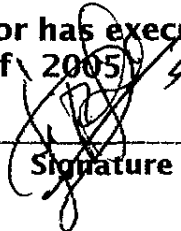
Lisandro @. Fis.
13205 SW 137 Ave Ste 207.
Miami, Fla 33186

ARTICLE V - INCORPORATOR

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

Lisandro C. Fis.
13205 SW 137ave ste 207
Miami, Fl 33186

The undersigned incorporator has executed these Articles of Incorporation this day of 2005



Signature

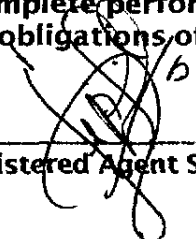
ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Lisandro C. Fis. (PRESIDENT).
13205 SW 137ave ste 207.
Miami, Fl 33186.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature