

P11000084324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

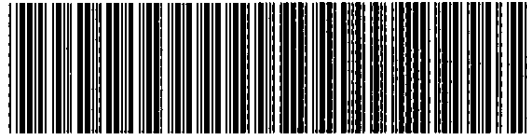
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

David Samman ~~NAME~~  
AUTHORIZATION BY PHONE TO  
CORRECT ~~add stock in IV~~  
DATE ~~9/26/11~~  
DOC. EXAM ~~mes~~

Office Use Only



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09/23/11--01021--005 \*\*70.00

FILED  
11 SEP 23 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/26

## COVER LETTER

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

SUBJECT: Biozone Pharmaceuticals, 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: Elliot Maza

Name (Printed or typed)

550 Sylvan Ave

Address

Englewood Cliffs NJ 07632

City, State & Zip

201 608-5101

Daytime Telephone number

emaza@biozonelabs.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME** Biozone Pharmaceuticals, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4400 Biscayne Blvd  
Miami FL 33137-3212

Mailing address, if different is:

550 Sylvan Ave  
Englewood Cliffs NJ 07632

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Holding Company

**ARTICLE IV SHARES**

The number of shares of stock is: 67,529,396

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elliot Maza CEO  
Address: 550 Sylvan Ave  
Englewood Cliffs NJ 07632

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Elliot Maza CEO  
Address: 4400 Biscayne Blvd  
Miami FL 33137-3212

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elliot Maza CEO  
Address: 550 Sylvan Ave  
Englewood Cliffs NJ 07632

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

\_\_\_\_\_  
Required Signature/Registered Agent

9-16-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator

9-16-11  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA