# Florida Department of State

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Division of Corporations

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#### FOREIGN PROFIT/NONPROFIT CORPORATION

Pharmaceutical Business, Inc.

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Certificate of Status	1
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### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA, STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

IOPOTOTENCY * ON		W. ( V Z I	. تندرو در بربات د		2 2030 222.	
1. Pharmaceutica	i Business, Inc.					
	exporation: must include "INCORPOR exp," "Inc," "Co," or "Corp.")	ATED,	" "COMPA	ny," "corpora	TION,"	
(If name unavaila	ble in Florida, enter alternate corporat	name	adopted for	the purpose of trans	acting business in Florida	5
2. North Carolina		3.				<del></del>
(State or country t	under the law of which it is incorporate	(b)		(FEI number, if	applicable)	
4. March 23, 200	4	5.	perpe	tual		
(Date	of incorporation)		(Duration:	Year corp. will cea	se to exist or "perpetual"	)
6						
	(Date first transacted bus (SEE SECTIONS 607.1501 &	iness is 607.15	n Florida, if 502, F.S., to	prior to registration determine penalty li	abil <del>ity</del> )	
7. 1000 Brickell A	ve., Ste, 215 Miami, FL 33131					
	(Principal off	ice add	ress)			
	(Current mai)	no add	re#9)	1		_~ D
	(Owt bets 13101)	INTO LIVE	100/	į		DIVISI <b>2010</b>
8. acquisiton and	sale of pharmaceutical equipment					OIOFEB-4
(Purpose(s)	of corporation authorized in home sta	te or co	nuntry to be	arried out in state o	(Florida)	-8 PA
				1		<u>क्</u> रे हुई
9. Name and sites	<u>address</u> of Florida registered agen	t; (P.C	). Box NO	<u>l'</u> acceptable)		<b>≥</b> 25 €
Name:	Corporate Maintenance Services,	ПĊ				AH IO:
Hanno.	Corporate France Gervices					<b>Ö</b> ∑≥
Office Address:	c/o 1000 Brickell Ave., Ste. 215		····			27
	Miami		, Flor	45 33131		
	(City)		, FIO)	(Zip code)	•	
10 Development on	antia nacontomas				/	
10. Registered ag	ent's acceptance: ed as registered agent and to accep	i camil	er af mener	To the above of	uted someonism at the	m1ean
designated in this	application, I hereby accept the ap	nointn	enti as reol	stated apent and	area corporation at the cores to set in this can	pince acity. F
further agree to co	mply with the provisions of all sta	utes r	slathe to th	e proper and com	plete performance of n	nv duties.
and I am familiar	with and accept the obligations of	my po	sition as re	gistared agent.		•
$\mathcal{D}$	mal se	<b>Y</b>				
			oy Dian	a Urrego as	attorney-in-fa	act
	(Registered agent's sign	tature)		ļ		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

ลมากอก:	Juan Bernardo Arriola Colmenares
dress:	1000 Brickell Ave., Ste. 215
	Mlami FL 33131
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dress:	
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dress:	· · · · · · · · · · · · · · · · · · ·
OTË; Ifn	ecessary, you may attach an addendum to the application listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### PHARMACEUTICAL BUSINESS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of March, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of February, 2010.

Secretary of State

Elaine I. Marchall



Cortification# 89867734-1 Reference# 9940202- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification