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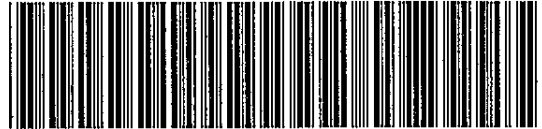
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FILED  
05 NOV -3 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

New NP  
CRG  
11/4

## COVER LETTER

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

**SUBJECT:** Native American Pharmacy Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Hugo P. Arza  
Name (Printed or typed)

2665 South Bayshore Drive, Suite 701  
Address

Miami, FL 33133  
City, State & Zip

(305) 860-2060  
Daytime Telephone number

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

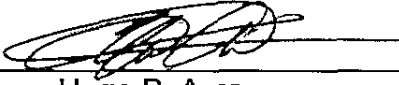
## AFFIDAVIT

1. My name is Hugo P. Arza and I am the incorporator of Native American Pharmacy Association, Inc., a Florida Corporation.

2. I make this affidavit based on personal knowledge. The facts recited herein are true and correct to the best of my knowledge.

3. Native American Pharmacy Association, Inc. was intended to be a Florida *not-for-profit* Corporation, however, the filing papers were inadvertently drafted by the Affiant for formation as a *for-profit* Corporation. The Corporation never issued shares and never commenced business. The Affiant has now filed Articles of Dissolution for the Corporation and will file Articles of Incorporation for a *not-for-profit* corporation with the exact same name. Affiant would like for the Corporation's name to be released so that the *not-for-profit* corporation that is to be formed with the same name may be registered.

AFFIANT FURTHER SAYETH NAUGHT.

  
\_\_\_\_\_  
Hugo P. Arza

### VERIFICATION

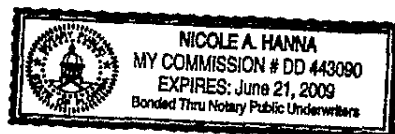
STATE OF FLORIDA )


COUNTY OF MIAMI-DADE )

) SS:

Before me, the undersigned authority, personally appeared Hugo P. Arza, who was sworn and says that the foregoing information is true and correct according to the affiant's best knowledge and belief:

WITNESS, my hand and official seal this 2<sup>nd</sup> day of November, 2005, in the County and State first written above.



  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

Nicole A. Hanna  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

☒ Personally known to me, or

☐ Produced identification

\_\_\_\_\_  
(Type of identification produced)

Audit Number: \_\_\_\_\_

**ARTICLES OF INCORPORATION  
OF  
NATIVE AMERICAN PHARMACY ASSOCIATION, INC.**

**FILED**  
05 NOV - 3 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby adopt the following Articles of Incorporation for the purpose of forming a corporation under the Florida Not for Profit Corporation Act:

**I.  
Name**

**EFFECTIVE DATE**  
11-2-05

The name of this corporation is Native American Pharmacy Association, Inc. (the "Corporation"). The principal place of business and mailing address of the Corporation is c/o Hugo P. Arza, Esq., at 2665 South Bayshore Drive, Suite 701, Miami, Florida, 33133.

**II.  
Effective Date and Duration**

The effective date of this Corporation shall be November 2, 2005, and it shall exist perpetually thereafter, unless sooner dissolved according to law.

**III.  
Purpose**

This Corporation is authorized to engage in any business permitted to corporations organized under the Florida Not for Profit Corporation Act.

Hugo P. Arza  
Fla Bar No.: 0625175  
Suite 701  
2665 South Bayshore Drive  
Miami, Florida 33133

Audit Number: \_\_\_\_\_

**IV.**  
**Initial Registered Office and Agent**

The initial registered office of this Corporation shall be Suite 701, 2665 South Bayshore Drive, Miami, Florida; and the initial registered agent of this Corporation at such office shall be Hugo P. Arza, Esq., who upon accepting this designation agrees to comply with the provisions of Section 48.091 and 617.0501, Florida Statutes, as amended from time to time, with respect to keeping an office open for service of process.

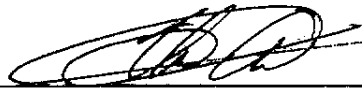
**V.**  
**Directors**

The method of election of directors shall be set forth in the by-laws of the Corporation.

**VI.**  
**Incorporator**

The incorporator of this Corporation is Hugo P. Arza, Esq., and his address is Suite 701, 2665 South Bayshore Drive, Miami, Florida 33133.

In witness whereof, the undersigned has executed these Articles of Incorporation on November 2, 2005.



Hugo P. Arza, Esq.  
Incorporator

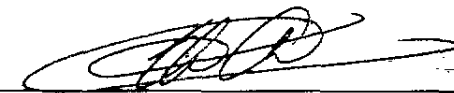
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE  
AND ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

1. The name of this Corporation is NATIVE AMERICAN PHARMACY ASSOCIATION, INC.

2. The name and address of the registered agent and the registered office is Hugo P. Arza, Esq., at 2665 South Bayshore Drive, Suite 701, Miami, Florida 33133.

Pursuant to Sections 48.091 and 617.0501, et seq., Florida Statutes, the undersigned has been named to act as the Registered Agent of this Corporation at the place designated in this certificate; and the undersigned agrees to accept such appointment and to act in that capacity. The undersigned further agrees that the undersigned will comply with all provisions of all statutes relating to the proper and complete performance of the duties of the Registered Agent of this Corporation; and that the undersigned is familiar with and accepts the obligations of the position of Registered Agent for this Corporation.

Date: November 2, 2005



Hugo P. Arza, Esq.  
Registered Agent