

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. PHARMA TRADE CORP.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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-02/08/00-01088-019

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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.

### ARTICLE I - NAME

The name of the corporation shall be:

PharmaTrade Corp.

### ARTICLE II - PRINCIPAL OFFICE

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

PharmaTrade Corp.

15921 S.W. 82 Ave.

Miami, Fl. 33157

### ARTICLE III - SHARES

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

100 (one hundred)

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Olga T. Valdes

15921 S.W. 82 Ave.

Miami, Fl. 33157

00 FEB - 8 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE V - INCORPORATOR(S)**

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

• OLGA T. VALDES 15921 S.W. 82 Ave. Miami FL. 33157

• \_\_\_\_\_

• \_\_\_\_\_

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7th day of February, 2000

Olga T. Valdes  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**ARTICLE VI- DIRECTOR(S)**

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

Olga T. Valdes 15921 S.W. 82 Ave. Miami, FL. 33157

Beatriz C. Valdes 5750 Collins Ave. Apt. 14F Miami Beach, FL. 33140

Olga M. Suarez 1118 Placetas Ave. Coral Gables, FL. 33136

00 FEB -8 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**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.

Olga T. Valdes  
REGISTERED AGENT