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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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00 MAR -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI PHARMACY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
OF

MIAMI PHARMACY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MIAMI PHARMACY, INC.

The principal place of business of this corporation shall be: 2435 NW 7 ST MIAMI, FL. 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 SHARES \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ELBA MIRIAM MOR (P)
2435 NW 7 ST
MIAMI, FL. 33125

JULIO H. SIERRA (S)
2435 NW 7 ST
MIAMI, FL. 33125

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ELBA MIRIAM MOR 1717 N. BAYSHORE DR. #2751
MIAMI, FL. 33134

JULIO H. SIERRA 2435 NW 7 ST MIAMI, FL. 33125

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 3RD day of MARCH 2000

Signature(s) of Incorporator(s)

Elba Miriam Mor
Julio H. Sierra

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

Miami Pharmacy, INC.

2. The name and address of the registered agent and office is:

Elba Muisan Mor.

(P.O. BOX NOT ACCEPTABLE)

1717 N. Bayshore Drive # 2751

(CITY/STATE/ZIP)

MIAMI, FL. 33134

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TALLAHASSEE, FLORIDA

SIGNATURE

Elba Muisan Mor.

TITLE

President

DATE

3/2/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Elba Muisan Mor.

DATE

3/2/00