PARTITION 5468

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

800003381858---6 -09/05/00--01099--026 *****78.75 *****78.75

SUBJECT:	No	ovak Pharm, Inc.			
	(Proposed corporate name - must include suffix)				
Enclosed is an o	rigin	al and one(1) copy of the articles	s of incorporation and a	check for :	
☐ \$70.0 Filing Fe		Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL CO	PY REQUIRED	
FRO	M: .		=	Lugh,,	grouper
		Name (Pri	nted or typed)		
8217 45th Street North					
		Ad	ldress	SEP -5	FILED
· · · · · · · · · · · · · · · · · · ·					
		City, St	ate & Zip	OF STATE	
		(727)-548-8338			
		Daytime Tele	ephone number		

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

N.V.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

NAME ARTICLE I

The name of the corporation shall be:

Novak Pharm, Inc.

PRINCIPAL OFFICE ARTICLE II

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

8217 45th Street North

Pinellas Park, Florida 33781

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

Jennifer Novak

8217 45th Street North

33781 Pinellas Park, Florida

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Jennifer Novak

8217 45th Street North

Pinellas Park, Florida

589-28-0334

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligat ons of my position as registered agent

Signature/Registered Agent