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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.**VICTORIA PHARMACY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

FOR

VICTORIA PHARMACY, INC.

The undersigned, acting as incorporate(s) of a Corporation pursuant to Chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

VICTORIA PHARMACY, INC.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

**1762 CORAL WAY
MIAMI, FLORIDA 33145**

ARTICLE III- CORPORATE DURATION

The duration of the Corporation is to be perpetual.

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These Document prepared by:
EDUARDO CANTERA, ESQ.
1762 Coral Way
Miami, Florida 33145
FBN: # 154998
TEL: (305) 442-4343 FAX: (305) 285-2884

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ARTICLE IV - PURPOSE

The Corporation may engage in any activity or business permitted under the Laws of the State of Florida

ARTICLE V CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue is 1,000 Shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI - DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1).

Ovidio Peña - Director

ARTICLE VII - OFFICER(S)

Ovidio Peña - President/Secretary

ARTICLE VIII- INCORPORATOR(S)

The name and address of each Incorporate is:

NAME	ADDRESS
Ovidio Peña	1762 Coral Way Miami, Florida 33145

ARTICLE VIII- INDEMNIFICATION


This Corporation shall indemnify and may insure it's Officers and Directors to the fullest extent permitted by Law.

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The Undersigned Incorporator(s) has (have) executed these Articles of
Incorporation this 28th day of September, 2000.

Signature(s) of the Incorporator(s)



Ovidio Peña - President/Secretary

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT /REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the followings statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: **Victoria Pharmacy, Inc.**
2. The name and address of the registered agent and office is:

**Eduardo Cantera, Esq.
1762 Coral Way
Miami, Florida 33145**

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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 FUTHER 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 OBLIGATIONS OF MY POSITIONS AS REGISTERED AGENT.

Signature


Eduardo Cantera, Esq.

Date

9-28-00

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