Division of Corporations

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### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary 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

SECRETARY OF STATE OF CORPORATIONS

## FLORIDA PROFIT CORPORATION OR P.A.

BIOMOL LATIN AMERICA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. Gulligan JAN 4 - 2001

# SECRETARY OF STATE OF CORPORATIONS OI JAN -4 PM 2: 13

# ARTICLES OF INCORPORATION OF

BIOMOL LATIN AMERICA, 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 L NAME

The name of the corporation shall be:
BIOMOL LATIN AMERICA, INC.

The principal place of business of this corporation shall be: 8515 N.W. 29TH STREET MIANI, FL 33122

#### 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: 300 shares of COMMON STOCK AT PAR VALUE OF \$10.00 EACH.

#### 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):

CARLOS YUNIS

PRESIDENT

8515 N.W. 29TH ST MIAMI, FL 33122

#### ARTICLE VI INCORPORATORISI

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

CARLOS YUNIS

8515 N.W. 29TH ST MIAMI, FL 33122

Signature (s) of Incorporator(s)

# 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,

The name and address of the registered agent and a	office is:
Miguel Camones	
(P.O. BOX NOT ACCEPTABLE)	
8249 N.W. 36TH STREET SUITE 214 MIAMI, FL 331-66	
(CITY/STATE/ZIP)	O JAN
TITLE TRESIDENT.	PH 2:
DATE JANUARY JRD, 2001	ထ

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.

SIGNAT	TURE	<del></del>
DATE	JANUARY 3rd, 2001	·····