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# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Phone (850)222-1222

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# FLORIDA PROFIT CORPORATION OR P.A.

#### JORCO RX INC.

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| \$78.75 |
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# ARTICLES OF INCORPORATION

#### OF

### JORCO RX INC.

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

#### ARTICLE I: NAME

The name of the corporation is JORCO RX INC.

# SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4600 North Ocean Blvd., Ste. 201, Boynton Beach, FL 33435.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of \$1.00 per share.

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#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael J. Lavery, 4600 North Ocean Blvd., Ste. 201, Boynton Beach, FL 33435.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Steven Meltzer, 4600 North Ocean Blvd., Ste. 201, Boynton Beach, FL 33435.

The undersigned has executed these Articles of Incorporation this 5th day of October, 2001.

"Capital Connection, Inc. by A. Kim Clemons, Client Representative"

in Clemons

A. KIM CLEMONS

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#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 nai | ne of the corpor                 | ation is:     | Torco RX In        | oc.        |
|----|---------|----------------------------------|---------------|--------------------|------------|
|    |         |                                  |               | •                  |            |
|    | The na  | me and street as                 | ddress of the | registered agent   | and office |
|    |         | Michael J.<br>4600 N.<br>Boynton | OCEAN BIVE.   | Ste. 201<br>37:435 |            |

HAVE 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SECRETARY OF STATE TALLA ASSEE, FLORIDA

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