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TRANSMITTAL LETTER

FILED

02 FEB -4 AM 9:28

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Micron Pharmaworks, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Peter Buczynsky
Name (Printed or typed)

300004865133--2
-02/04/02--01092--010
*****78.75 *****78.75

4921 W. Cypress St
Address

Tampa Florida 33607
City, State & Zip

813 637-8810
Daytime Telephone number

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

CB 2-8

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.

ARTICLE I NAME

The name of the corporation shall be:

X Micron Pharmaworks, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11814 Pace Track Rd
Tampa Fl 33626

ARTICLE III SHARES

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

one hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lori Gelinas
3043 Gulfwind Dr
Land O Lakes Fl 34639

ARTICLE V INCORPORATOR

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

Peter Buczynsky
3302 Black Gum Ct
Tampa Fl 33618



Signature/Incorporator

01-30-02

Date

(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 obligations of my position as registered agent


Signature/Registered Agent

1-30-02

Date