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TRANSMITTAL LETTER

FILED
02 MAY 13 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

600005505606--7

-05/13/02--01036--001

*****78.75 *****78.75

SUBJECT:

U Pharm Mawabexed, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Robert E. Louk

Name (Printed or typed)

11555 Heron Bay Blvd Suite 200

Address

Coral Springs, Florida 33076

City, State & Zip

954-603-0480

Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
UPHARM MANAGEMENT, INC.**

FILED

02 MAY 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION
UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING
ARTICLES OF INCORPORATION.**

ARTICLE I NAME

UPHARM MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

5793 NW 119 TERRACE
CORAL SPRINGS, FLORIDA 33076

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 ONE DOLLAR (1.00) PER SHARE.**

ARTICLE IV INITIAL BOARD OF DIRECTORS

**THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THIS
CORPORATION IS ONE (1). THE NUMBER OF DIRECTORS MAY EITHER BE INCREASED OR
DECREASED FROM TIME TO TIME BY AN AMENDMENT OF THE BY-LAWS BUT SHALL NEVER BE
LESS THAN ONE (1). THE NAMES AND ADDRESSES OF THE INITIAL BOARD OF DIRECTORS ARE:**

KENNETH B. RITCHEY
5793 NW 119 TERRACE
CORAL SPRINGS, FLORIDA 33076

ARTICLE V INCORPORATOR

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF
INCORPORATION IS:**

ROBERT E. LONG
11555 HERON BAY BLVD. SUITE 200, CORAL SPRINGS, FLORIDA 33076

These Articles of Incorporation Prepared by:

Robert E. Long
11555 Heron Bay Blvd. Suite 200, Coral Springs, Florida 33076 (954) 603-0480

FILED

02 MAY 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

ROBERT E. LONG
11555 HERON BAY BLVD. SUITE 200, CORAL SPRINGS, FLORIDA 33076

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DATE :
MAY 8th, 2002



ROBERT E. LONG, INCORPORATOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

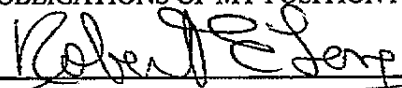
1. THE NAME OF THE CORPORATION IS UPHARM MANAGEMENT, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ROBERT E. LONG
11555 HERON BAY BLVD. SUITE 200, CORAL SPRINGS, FLORIDA 33076

SIGNATURE 
TITLE: INCORPORATOR

DATE: MAY 8TH, 2002

HAVING BEEN NAMED REGISTERED AGENT 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 STATEUTES 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.



REGISTERED AGENT

DATE: MAY 8TH, 2002