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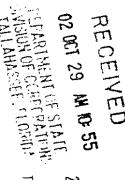
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## FILED OFFICE USE ONLY(DOCUMENT #) 2002 OCT 29 PM 1: 35 LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy

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	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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 Fictitious Name
Name Reservation

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Limited Partnership
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#### ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(\$) 10810A the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

BARBICS PHARMACT INC.

HIAM FIR 33/85

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 16100 500 43 HAR

## ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARINE COMMON.

16102 SW 43 FERE 
MIAMI RG - 33185

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#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

TÄLLAHASSEE FLORIDA

. Incorporation is: MARIA E OCEMANO. 16102 SW 43 HERR. Minni Ka. 33/85 The undersigned incorporator has executed these Articles of 

#### ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of *Incorporation is (are):* 

HAMA E COMMAN PLESIDENT 16/02 SW 43 FULL. Ulami fil 33/85

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature