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(Requestor's Name)

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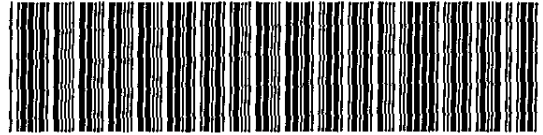
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA

6311-14

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

SUBJECT: PHARMACEUTICAL REPRESENTATIVE ASSOCIATION FOR  
CHARITY, INC.

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

\$87.50 - Filing Fee, Certified Copy & Certificate  
ADDITIONAL COPY REQUIRED

FROM: JOSE VAZQUEZ  
5510 S.W. 65<sup>TH</sup> COURT  
MIAMI, FLORIDA 33155  
(305) 978-978-0931

NOTE: Original and one copy of the articles attached.

ARTICLES OF INCORPORATION  
In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

PHARMACEUTICAL REPRESENTATIVE ASSOCIATION FOR CHARITY, INC.

ARTICLE II PRINCIPAL OFFICE

Place of Business:  
112 Orchid Street  
Tavernier, Florida 33070

Mailing Address:  
Post Office Box 453101  
Miami, Florida 33245

ARTICLE III PURPOSE

TO PROMOTE AND ENCOURAGE PHARMACEUTICAL REPRESENTATIVES TO  
DONATE THEIR TIME AND PROCEEDS OF PLANNED EVENTS TO LOCAL  
CHARITIES.

ARTICLE IV MANNER OF ELECTION

INITIALLY ALL DIRECTORS ARE SELF-APPOINTED.

ARTICLE V INITIAL DIRECTORS/OFFICERS

PRESIDENT: Maria C. Roque, 112 Orchid Street, Tavernier, Florida 33070

VICE PRESIDENT: Diana Roman-Bisson, Post Office Box 227184, Miami,  
Florida 33122

TREASURER: Teresita Del Campo, 9915 S.W. 73<sup>rd</sup> Street, Miami, Florida 33173

SECRETARY: Ken Underwood, 3947 Adra Avenue, Miami, Florida 33178

VICE PRESIDENT: Jose Vazquez, 5510 S.W. 65<sup>th</sup> Court, Miami, Florida 33155

TREASURER: Jesus Rodriguez, 10938 S.W. 2<sup>nd</sup> Street, Miami, Florida 33174


ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

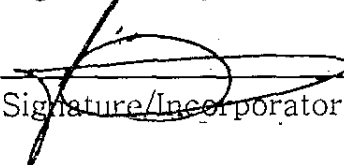
REGISTERED AGENT: Maria C. Roque, 112 Orchid Street, Tavernier, Florida 33070

ARTICLE VII INCORPORATOR

INCORPORATOR: Jose Vazquez, 5510 S.W. 65<sup>th</sup> Court, Miami, Florida 33155

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

Date: 10/23/02

Date: 10/23/02

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STATE