

PO 3000016311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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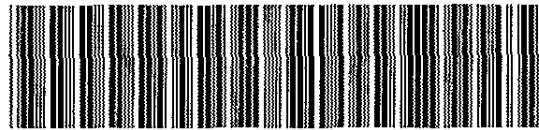
(Business Entity Name)

(Document Number)

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

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02/11/03--01029--010 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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LAW OFFICES OF  
**ABRAMS & ABRAMS, P.A.**  
PROFESSIONAL ASSOCIATION

DAVID S. ABRAMS

PERLA F. ABRAMS

9400 SOUTH DADELAND BOULEVARD  
PH-3  
MIAMI, FLORIDA 33156

TELEPHONE (305) 670-9104  
FAX (305) 670-2821  
email: abramslaw@msn.com

January 21, 2003

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314

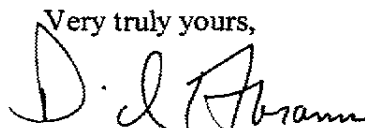
Re: **Universal Pharmaceuticals, Inc.**

Dear Sir or Madam:

Enclosed is an original and one copy of the Certificate of Incorporation for the above named corporation, the original of which is to be filed with your office. The remittance in the amount of \$78.75 is enclosed to cover the cost of same.

I would appreciate your preparing a certified copy and returning the same to us by return mail at your earliest possible convenience.

Thank you for your prompt attention to this matter.

Very truly yours,  
  
DAVID S. ABRAMS

DSA/pc  
Encls.

3004



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 31, 2003

DAVID S ABRAMS, ESQUIRE  
9400 S DADELAND BLVD, PH-3  
MIAMI, FL 33156

SUBJECT: UNIVERSAL PHARMACEUTICALS, INC.  
Ref. Number: W03000003004

We have received your document for UNIVERSAL PHARMACEUTICALS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 003A00006669

**CERTIFICATE OF INCORPORATION  
OF  
UNIVERSAL PHARMACEUTICALS, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 FEB 10 PM 2:48

We, the undersigned, hereby make, subscribe and acknowledge this Certificate of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be:

UNIVERSAL PHARMACEUTICALS, INC.

and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be pharmaceuticals and to transact any lawful business for which corporations may be incorporated under the laws of the State of Florida and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of 1000 shares of \$1.00 Dollar par value.

4. The principal office of the corporation shall be:

3298 N.W. 13th Terrace, Miami, Florida 33125

5. The amount of capital with which the corporation shall begin business is \$1,000.00 Dollars.

6. The number of the directors shall be at least one (1) and the name and post office address of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
Ramiro Calvo	President, Secretary, Treasurer	3298 N.W. 13th Terrace Miami, Florida 33125

7. The corporation designates **DAVID S. ABRAMS, ESQ.**, 9400 South Dadeland Boulevard, PH-3, Miami, Florida, 33156, as its Resident Agent, to accept service of process within this State.

**IN WITNESS WHEREOF**, the undersigned hereby subscribed to this Certificate of Incorporation at Miami-Dade, Dade County, Florida, this 23<sup>rd</sup> day of January, 2003.

  
RAMIRO CALVO

STATE OF FLORIDA

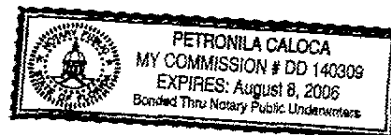
COUNTY OF MIAMI-DADE

**BEFORE ME**, the undersigned authority, personally appeared **RAMIRO CALVO**, sole subscriber, to me known to be the person described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that he subscribed thereto and did so for the purpose and uses therein mentioned and that **DAVID S. ABRAMS** consented to the appointment as Registered Resident Agent of the corporation to accept service of process within the State.

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of January, 2003, by who is personally known to me or who provided Drivers License as identification who did (did not) take an oath.

MY COMMISSION EXPIRES:

Petronila Caloca  
NOTARY PUBLIC

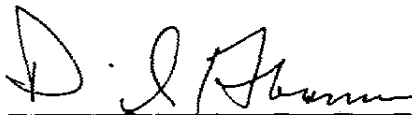


**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act.

First that **UNIVERSAL PHARMACEUTICALS, INC.**, desiring to organize under the laws of the State of Florida with its principal offices as indicated in the Certificate of Incorporation at Miami, County of Miami-Dade, State of Florida, has named **DAVID S. ABRAMS, ESQ.**, 9400 South Dadeland Boulevard, PH-3, Miami, Florida, 33156, as Registered Resident Agent to accept Service of Process within this State.

Having been named to accept Service of Process for the above stated corporation at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

  
\_\_\_\_\_  
**DAVID S. ABRAMS**

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TALLAHASSEE, FLORIDA  
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