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LAZARUS CORPORATE FILI	ING SERVICE	
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CORPORATION NAME(s) & D	OOCUMENT NUMBER(S) (if known):	
VARA RIAL	OMANAU PARP	
1. Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
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Walk in Pick up time	Certified Copy.	
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Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILNGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	
	Trademark	

Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

YARA PHARMACY. CORP.

ARTICLE II – PRINCIPAL OFFICE

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

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:

ARTICLE V - INCORPORATOR

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

JOHNY RAYMOND $14902 SW 36 TER_{-}$ MIAMI FL 33185.
The undersigned incorporator has executed these Articles of Incorporation this I day of APRIL 2003.

ARTICLE VI- DIRECTOR(S)

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

JOHNY RAYMOND (PRESIDENT)
LIDIANA RAYMOND (VICE-PRESIDENT)
14902 SW 36 TER.
MIAMI FL 33185

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