

P0300076207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

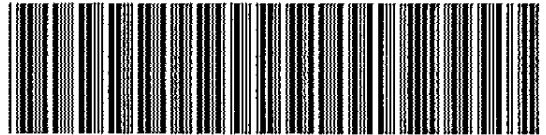
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600020877696

07/11/03--01038--005 \*\*315.00

RECEIVED  
03 JUL 11 AM 11:13  
DIVISION OF CORPORATION

SECRET  
FILED  
TALLAHASSEE, FLORIDA  
03 JUL 11 PM 2:21

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. MEDICUS PHARMA WHOLESAL, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

**MEDICUS PHARMA WHOLESALE, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUL 11 PM 2:29

WE, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions:

**ARTICLE I**

THE name of the Corporation shall be:

**MEDICUS PHARMA WHOLESALE, INC.**

**ARTICLE II**

THE CORPORATION may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

**ARTICLE III**

THE MAXIMUM number of shares of stock which the Corporation shall have outstanding at any time, shall be **ONE HUNDRED ( 100 )** shares of stock which shall be common stock of a par value of **FIFTY DOLLARS ( \$ 50.00 )** per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at a true valuation thereof.

**ARTICLE IV**

THIS CORPORATION shall begin business with a minimum capital in the amount of **FIVE HUNDRED DOLLARS ( \$500.00 )**.

**ARTICLE V**

THIS CORPORATION shall have perpetual existence.

## **ARTICLE VI**

THE PRINCIPAL office of the Corporation shall be located at:

**3189 S.W. 8 STREET  
Miami, Florida 33135**

OTHER OFFICES for the transaction of business may be located wherever the Directors may deem necessary or expedient.

## **ARTICLE VII**

THE BUSINESS of the Corporation shall be managed by the Board of Directors, who need not be stockholders of the corporation. The number of the Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by- laws.

## **ARTICLE VIII**

THE names and mailing addresses of the members of the First Board of Directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

### **BOARD OF DIRECTORS**

**LAZARO VILARCHAO  
3189 S. W. 8 STREET  
Miami, Florida 33135**

### **OFFICERS**

**LAZARO VILARCHAO**

**President \ Secretary**

## **ARTICLE IX**

THE names and mailing addresses of each of the subscribers to this Certificate of Incorporation are as follows:

**LAZARO VILARCHAO  
3189 S. W. 8 STREET  
Miami, Florida 33135**

#### **ARTICLE X**

THIS CORPORATION shall have full power to carry on and transact each or all of the business enumerated in Article II of this Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

#### **ARTICLE XI**

THIS CORPORATION shall have the power to issue the whole or any part, as determined by the Board of Directors, of the shares of the capital stock as partly said, subject to calls thereon until the whole thereof shall have been paid.

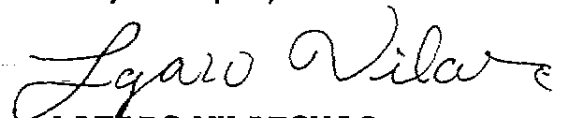
#### **ARTICLE XII**

UPON ELECTION of the Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law, whether said stock shall be fully or partially paid, unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

#### **ARTICLE XIII**

THIS CORPORATION shall designate **LAZARO VILARCHAO** with offices located at **3189 S. W. 8 STREET, Miami, Florida 33135** as its duly authorized Registered Agent to be in charge of the Corporate Registered Office as required by State Law.

IN WITNESS WHEREOF, the undersigned incorporators have hereunto set their hands and affixed their seals on this 1st day of April, 2002

  
**LAZARO VILARCHAO**

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

---

In pursuance of Chapter 49.091, Florida Statutes, the following is submitted,  
in compliance with said Act:

FIRST, That **MEDICUS PHARMA WHOLESALE, INC.** to organize under the  
laws of the State of Florida with its principal office, as indicated in the  
Articles of Incorporation, in the City of **MIAMI**, County of **MIAMI-DADE**, State  
of Florida has named:

**LAZARO VILARCHAO**  
**3189 S. W. 8 STREET**  
**Miami, Florida 33135**

as Its Agent to accept service of process within this State.

**ACKNOWLEDGEMENT:**

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

*Lazaro Vilarchao*  
**LAZARO VILARCHAO**  
03 JUL 11 PM 2:21  
FILED  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA