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LAZARUS CORPORATE FILIN	G SERVICE			
3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973				
TERESA ROMAN (TALLAHASSEE REP	RESENTATIVE)			
	Ł	OFFICE USE ONLY		-
CORPORATION NAME(S) & DO	CUMENT NUMB	ER(S) (if known):	1	
1 PHARM WHO	I.E. SALE	INC.		
(Corporation Name)	<u> </u>	(Document #)		
2. (Corporation Name)		(Document #)		
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2 NEW FILINGS	AMENDME	NTS		
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NonProfit	Resignation of R.	A., Officer/Director		
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CR2E031(9/92)

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:

Pharm Wholesale INC

ARTICLE II - PRINCIPAL OFFICE

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

7350 NW 7 st Miami, FL 33126 Suite 205

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Soler 7350 NW 757 # 205 miami F1 33126

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ARTICLE V - INCORPORATOR

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

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

ROBERT SOCER

280 NW 71 QUE

Miami, FL 33126

The undersigned incorporator has executed these Articles of Incorporation this 28 day of 1 My 2003

ARTICLE VI- DIRECTOR(S)

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

Robert Soler 280 NW 71 ave Miami, FL 33126

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