p.1 ion of Col porations Florida Department of State Division of Corporations Public Access System Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H03000254686 6))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. une. La latera de la compositiva de la compo To: Division of Corporations Fax Number : (850)205-0381 From: Account Name : A 1 A CORPORATE SERVICES, INC. S Account Number : I20010000247 57.2 2 P Phone : (305) 674-3313 8 : (305)675-2811 Fax Number 6 مىسىنى مەر قار _____

FLORIDA PROFIT CORPORATION OR P.A.

Pharm-Assist USA, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge 🛫	\$70.00

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Articles of Incorporation

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1: NAME The name of the corporation shall be:

Pharm-Assist USA, Inc.

ARTICLE II: PRINCIPAL OFFICE The principal place of business/mailing address is:

88 Uno Lago Drive North Palm Beach , Florida 33408

ARTICLE III: PURPOSE The purpose for which the corporation is organized: The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.10

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President:

Donna Manos

88 Uno Lago Drive

North Palm Beach , Florida 33408

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

Donna Manos

88 Uno Lago Drive

North Palm Beach, Florida 33408

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ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

Donna Manos

88 Uno Lago Drive

North Palm Beach , Florida 33408

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.

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Donna Manos / Registered Agent

8/15/03

Date

Donna Manos / Incorporator

815 10

Date