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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

245-6804

FLORIDA PROFIT CORPORATION OR P.A.

SUNNY PHARMACY & DISCOUNT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: SUNNY PHARMACY & DISCOUNT, INC.
REF: W04000002696

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock.

If you have any further questions concerning your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filings Section

FAX Aud. #: H04000010274
Letter Number: 004A00003757

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Sunny Pharmacy & Discount, Inc.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/trading address is:

70 W 49 Street Hialeah FL 33012**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Open a Community Pharmacy and
DISPENSE RX DRUGS.**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

Ana Rosa ESPARZA
28320 SW 167 AVE HOMESTEAD FL 33030**ARTICLE VI REGISTERED AGENT**

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

Ana Rosa ESPARZA
28320 SW 167 AVE HOMESTEAD FL 33030**ARTICLE VII INCORPORATOR**The name and address of the incorporator is: Ana-Rosa-Esparza70 W. 49th Street
Hialeah FL 33012.

Being here 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

Signature/Registered Agent

Date

1-15-04

Signature/Incorporator

Date

1-15-04