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LAZARUS CORPORATE FILIN	G SERVICE			
3320 S.W. 87 AVENUE	<u> </u>			
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CORPORATION NAME(S) & DO	OCUMENT NUMB	ER(S) (if known):		
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(Corporation Name) 3.		(Document #)		<u>.</u>
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4. (Corporation Name)		(Document #)	<u> </u>	
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NEW FILINGS	AMENDME	NTS	P	
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Director			
. Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION			•
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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 1 - NAME

The name of the corporation shall be:

Phoenix Pharmacy Corporation.

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ARTICLE II - PRINCIPAL OFFICE

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

441 NW 12th Ave Micmi FZ 33128

ARTICLE III - SHARES

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

100

<u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Jorge C. Lacayo 10770 SW 65t #102A. Miami Fl 33174.

<u>ARTICLE V - INCORPORATOR</u>

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

5079e C. Lacayo 10770sw 65t 7102A. Miami F2 33174.

The undersigned incorporator has executed these Articles of Incorporation this 2 day of 2001 2004.

ARTICLE VI- DIRECTOR(S)

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

Jorge C. Lacayo (President.)
10770 SW 6St #102A
Miani FC 33174.

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