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) NEW FILINGS	AMENDMENTS	A Part of the second se
Profit	Amendment	
NonProfit	Resignation of R.A., Office	r/Director
Limited Liability	Change of Registered Ager	······································
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Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report		
Fictitious Name	Foreign	
Name Reservation -	Limited Partnership  Reinstatement	
-	Trademark	
	Hauemark	

Other

Examiner's Initials

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:

KARLA PHARMACY, Inc.

#### ARTICLE II - PRINCIPAL OFFICE

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

11200 Wast Flagler st soile#1205 Mram: Fl. 33174 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: Marioly Muñoz
11200 West Flagler st
Soite #205

Lam: FC 33174

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Artificorporation is:  Harioly Luxoz 11200 West Plagle  Hrami FL 33	east tes
The undersigned incorporator has executed these Articles of Incorporation this 18 day of 1000 2004  Signature	OF HAR 19 MI
ARTICLE VI- DIRECTOR(S)	8: 31 PLORIDA

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

Harroly Murroz 11200 West Flagler et #205
Presidend Hram: PL 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