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_ To:

Division of Corporations

Fax Number : (8

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 04 NOV -3 AM 8: 05
SECRETARY OF STATE
TALL ANASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

NEB-TECH PHARMACEUTICALS CORP.

Certificate of Status	0
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ARTICLE OF INCORPORATION

<u>or</u>

NEB-TECH PHARMACEUTICALS CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NEB-TECH PHARMACEUTICALS CORP.

The principal place of business of this corporation shall best 3505 S Ocean Dr. Apt. # 517

Hallandale,F1.33019

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United on State, the State of Florida, or any other state, country, bearritory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ODALIS MORLANS DIAZ 3505 8 Ocean Dr. Apt. # 517 Hallandsle.Fl. 33019 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

ODALIS MORLANS DIAZ 3505 S Ocean Dr. Apt. # 517 Hallandale.Fl. 33019

PRESIDENT, SECRETARY & TREASURER

100 shares

The undersigned has(have) executed these Article of Incorporation this Third day of November .2004.

Signature/Title Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1,	The name of the corporation is:	
	NEB-TECH PHARMACEUTICALS CORP.	
2.	The name and address of the registered agent and office	
	is ODALIS MOHLANS DIAZ	1 .
	(Name)	ယ် ်
	3505 S Ocean Dr. Apt. # 517	7
	(P. O. BOX NOT ACCEPTABLE)	AM 8: 05
		0
	MELLEUGHIS'LIGHTON DOOLS	Ç
	(CITY/STATE/ZIP)	
HAV	ing been named as registered agent and to accept service	
OF I	Process for the above stated corporation at the place desi	
AS E	REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES	
REL	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES	
CINA	I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY	
POS:	ITION AS MY FOSITION AS REGISTERED AGENT.	•
	SIGNATURE Malis Horins Dez	
	DATE 11-3-04	