

PO5000020317

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/05--(11008--020) **898.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB -8 AM 9:50

RECEIVED
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TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Care Pharmaceuticals, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

CARE PHARMACEUTICALS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -8 AM 9:50

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act do hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation is CARE PHARMACEUTICALS, INC.

ARTICLE TWO

The duration of the corporation shall be perpetual.

ARTICLE THREE

The purpose of the corporation is to engage in any and all lawful business permitted pursuant to the laws of Florida.

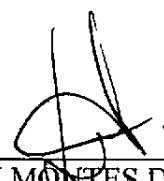
ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100 shares. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

ARTICLE FIVE

The corporations principal office address and the registered office address are the same. The address is:

IVAN MONTES DE OCA
3450 West 84 Street Suite 101
Hialeah, FL 33018

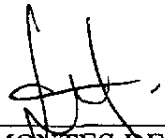


IVAN MONTES DE OCA

ARTICLE SIX

The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:

IVAN MONTES DE OCA (P)
3450 West 84 Street Suite 101
Hialeah, FL 33018



IVAN MONTES DE OCA

ARTICLE SEVEN

The name and Florida street address of the Initial Registered Agent is:

IVAN MONTES DE OCA
3450 West 84 Street Suite 101
Hialeah, FL 33018



IVAN MONTES DE OCA

ARTICLE EIGHT

The name and address of the incorporator is:

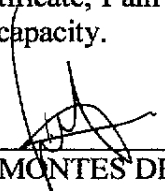
IVAN MONTES DE OCA
3450 West 84 Street Suite 101
Hialeah, FL 33018



IVAN MONTES DE OCA

CONSENT OF REGISTERED AGENT

The undersigned, 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.



IVAN MONTES DE OCA

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