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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
1. BG5 PHARMA	ACV NETWORK CORP.
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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. Limited Liability	Change of Registered Agent
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OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Repolt	Foreign
Fictitious Name	Limited Partnership
Name Reservation —	Reinstatement
	Trademark
	Other Examiner's Initials
† <u></u>	TOWARD CONTRACTOR



ARTICLES OF INCORPORATION

05 MAR 14 PM 1:21

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:

BGS Pharmacy Network Corp.

ARTICLE II - PRINCIPAL OFFICE

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

4238 SW 75 Ave. Miami, FL 33155

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIO CUERVO

250 Galen dr. #22 Key Biscayne FL 33149

<u>ARTICLE V – INCORPORATOR</u>

The name and stree	t address	of the inc	corporator	to these λ	Articles of
Incorporation is:	MARIO	CUERNO	Jr.		

250 Galen Dr. #22

Key Biscogne, FL 33149

The undersigned incorporator has executed these Articles of Incorporation this // day of March 2005

ARTICLE VI- DIRECTOR(S)

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

President MARIO S. CHERVO Jr.
Treasurer Z50 Galen Dr. #22
Key Biscayne, FL 33149
V. President Secretary Rene J. Leonard II
Secretary 4238 SN 75 Ave
Miami, FL 33155

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