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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Grand Pharmacy Enterprises, Inc.**

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**ARTICLES OF INCORPORATION**  
**OF**  
**Grand Pharmacy Enterprises, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **Grand Pharmacy Enterprises, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business is and mailing address of the corporation is **704 Glenwood Terrace, Tarpon Springs, FL 34688.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of (\$1.00) per share.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **David L. Brennan, 704 Glenwood Terrace, Tarpon Springs, FL 34688.**

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

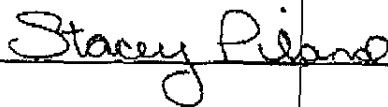
**ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of the initial Board of directors is **President/ Secretary/ Treasurer/ Director: David L. Brennan, 704 Glenwood Terrace, Tarpon Springs, FL 34688.**

**ARTICLE VII: INDEMNIFICATION**

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 6<sup>th</sup> day of May 2005. Your Capital Connection, Inc., by **Stacey Piland, Client Representative**



Stacey Piland

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Grand Pharmacy Enterprises, Inc.
2. The name and street address of the registered agent and office is:  
David L. Brennan  
704 Glenwood Terrace  
Tarpon Springs, Florida 34688

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
David L. Brennan

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