

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000153312 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

Phone :

: (305)599-0839 : (305)716-0346

Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

FIGUEROA PHARMACY, INC.

Certificate of Status	0
Certified Copy	11
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu.

Corporate Filing

Public Access Help

1061

05 JUN 22 AMII: 43

ARTICLES OF INCORPORATION OF FIGUEROA PHARMACY, INC.

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: FIGUEROA PHARMACY, INC. The principal place of business of this corporation shall be: 1102 SW, 129th, Avenue Miami, Florida, 33184.

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 States, the State of Florida or any other state.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 all of which shall be common shares (\$1.00) per value each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually unless dissolved according to law.

Prepared by: CASTILLO & ASSOCIATES, INC. 542 SW. 12^{TR}. Avenue Stc. 5 Minmi, Florida, 33130 (305) 649-3403

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(cs) of the initial officer(s) and director(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):

HARRY FIGUEROA

President

1102 SW. 129th. Avenue Minmi, Florida, 33184

ANTONIO E, FIGUEROA

Vice-President

3102 SW, 2nd, Street Miami, Florida, 33155

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

HARRY FIGUEROA

1102 SW, 129th, Avenue Miami, Florida, 33184

ANTONIO E. FIGUEROA

3102 SW. 2nd. Street Miami, Florida, 33135

ARTICLE VII FINANCIAL INFORMATION

The corporation shall be required to file a balance sheet and a profit and loss statements to it's registered office. This provision shall hed deemed to have been ratified by the shareholders each fiscal year not late than four (4) months after the close of such year.

ARTICLE VIII PREEMPTIVE RIGHTS

Should any stockholder wish to dispose of this stock it shall first be offered to the remaining stockholders, at a price no greater than a bona-fide offer by any third person, and said shall be available for a period of ninety (90) days to such remaining stockholders. In the event that any of said stock is no purchased by any of the remaining stockholders within ninety (90) days of the offer, the stockholders may then sell said to a third person.

IN WITNESS WHEREOF, the undersigned incorporators(s) has(have) executed . these Articles of Incorporation, this 21 day of June, 2005.

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

FIGUEROA PHARMACY, INC.

2. The name and address of the registered agent and office is:

HARRY FIGUEROA

1102 SW. 129th. Avenue, Minmi, Florida, 33184

Signature:

Title: President

Date: 21 day of June, 2005

Having been named to accept service of process for the above state corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

Signature:

Date: 21 day of June, 2005