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# LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Document #) Certified Copy Photocopy Certificate of Status **AMENDMENTS** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

Walk in

Mail out

**NEW FILINGS** 

Not for Profit

**OTHER FILINGS** 

Annual Report

Fictitious Name

Limited Liability Domestication

\_Profit

Other

# ARTICLES OF INCORPORATION

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:

PHARMACY SERVICES, INC



# ARTICLE II - PRINCIPAL OFFICE

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

1442 SW 93 PL miami, FL 33174

#### ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lazaro Prat 1442 SW 93 PL Miami, FL 33174

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Lazaro Prat

1442 SW 93 PL miami, FL 33174

The undersigned incorporator has executed these Articles of Incorporation this 6 day of 28 2005

Signature

# ARTICLE VI- DIRECTOR(S)

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

Laza Po Prat (President 1987) 29 PH 1149

#### 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