

Florida Department of State

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FLORIDA PROFIT CORPORATION OR P.A.

NATIONAL PHARMACY CREDIT ASSOC. CORP.

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ARTICLES OF INCORPORATION

SEURETARY OF STATE TALLAHASSEE, FLORIDA

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:

MATIONAL PHARMACY CREDIT ASSOC.
CORP.

ARTICLE II - PRINCIPAL OFFICE

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

1190 WASHINGTON CIE # H HOMESTED, FloRIDA 33034

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIRIAM E GONZAlez 11.90 WAShington Cir. #H HOMESTEAD, FLORIDA 33034 H05000162741

FAX:

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is: LOIS A. DIAN 21190 WASHINGTON CIR HOHESTEAD FI 33034
The undersigned incorporator has executed these Articles of Incorporation this 5 day of 10 14 2005
Signature

ARTICLE VI- DIRECTOR(S)

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

Luis A. D. law-P/VP/s
1190 WAShington Cie # H
HOMES-LEAD T-lorion
33034

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