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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
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FLORIDA PROFIT CORPORATION OR P.A.

STA. AMALIA PHARMACY, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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FROM :

FAX NO. :

Sep. 15 2005 10:33AM P1

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9/14/2005 1:08

PAGE 001/001

Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 14, 2005

LAZARUS

SUBJECT: STA. AMALIA PHARMACY, INC.
REF: W05000042742

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

FAX Aud. #: H05000218425
Letter Number: 305A00056804

FROM :

FAX NO. :

Sep. 15 2005 10:34AM P3

H05000218425

ARTICLES OF INCORPORATION OF
STA. AMALIA PHARMACY, INC.

Article I - Name

The name of this corporation is STA. AMALIA PHARMACY, INC.
THE PRINCIPAL AND MAILING ADDRESS SHALL BE:
3850 S.W. 87 AVENUE, suite 203, MIAMI, FLORIDA 33165

Article II - Duration

This corporation shall have perpetual existence commencing at the time of filing of the Articles of Incorporation with the Department of State.

Article III - Purpose

This corporation is organized for all legal purposes.

Article IV - Capital Stock

This corporation is authorized to issue 100 shares at \$1.00 par value common stock.

Article V - Right upon Liquidation or Dissolution

In the event of any voluntary or involuntary liquidation, dissolution or winding up of this corporation, the holders of record of the common shares all receive a ratable distribution of the assets of the corporation.

ARTICLE VI - Registered Office and Agent

The street address of the initial registered office of this corporation is: 3850 S.W. 87th AVENUE, SUITE 203, MIAMI, FLORIDA 33165.

The name of the initial registered agent of this corporation at that address is: VICTOR M. SUAREZ.

Article VII - Initial Board of Directors

This corporation shall have one (1) director(s) initially. The

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number of directors may be increased or diminished from time to time as provided for by the Bylaws, but shall never be less than one (1).

Article VIII - Incorporators

The name and address of the person signing these Articles is:

VICTOR M. SUAREZ, ESQ.,
3850 S.W. 87TH AVENUE, SUITE 203
MIAMI, FLORIDA 33165

IN WITNESS WHEREOF, the undersigned subscriber has executed these

Articles of Incorporation this 15 day
of September, 2005


VICTOR M. SUAREZ, ESQ.
Incorporator's Signature

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, an Officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared VICTOR M. SUAREZ, to me known to be the person described in and who executed the same for the purposes therein he expressed.

WITNESS my hand and official seal in the County and State last aforesaid on this 15 day of September, 200

Notary Public ~~STATE OF FLORIDA~~


Osvaldo M. Nordelo

Commission # DD411989

Expires: MAR. 27, 2009

Bonded Thru Atlantic Bonding Co., Inc.

My Commission Expires:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, 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.

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FROM :

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Sep. 15 2005 10:34AM P5

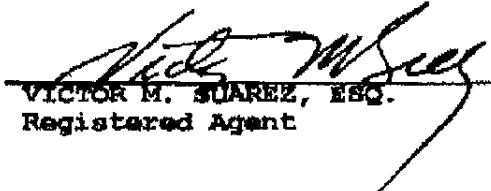
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1. The name of the corporation is:

STA. AMALIA PHARMACY, INC.

2. The name and address of the registered agent and office is:
VICTOR M. SUAREZ, ESQ., 3850 S.W. 87th AVENUE, SUITE 203,
MIAMI, FLORIDA 33165.

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.



VICTOR M. SUAREZ, ESQ.
Registered Agent

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

THE FOREGOING INSTRUMENT was acknowledged and sworn to before
me this 14th day of September, 2005 by VICTOR M. SUAREZ, in
Miami, Miami-Dade County, Florida.

Notary Public, State of Fla. 

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA
 Osvaldo M. Nordelo
Commission #DD411989
Expires: MAR. 27, 2009
Bounded Thru Atlantic Bonding Co., Inc.

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TALLAHASSEE, FLORIDA

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