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05 OCT 10 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/11/05  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**native american pharmacy association, inc.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION  
OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NATIVE AMERICAN PHARMACY ASSOCIATION, INC.**

The undersigned hereby adopt the following Articles of Incorporation for the purpose of forming a corporation under the Florida Business Corporation Act:

**I.  
Name**

The name of this corporation is Native American Pharmacy Association, Inc. (the "Corporation"). The principal place of business and mailing address of the Corporation is c/o Hugo P. Arza, Esq., at 2665 South Bayshore Drive, Suite 701, Miami, Florida, 33133.

**II.  
Effective Date and Duration**

The effective date of this Corporation shall be October 10, 2005, and it shall exist perpetually thereafter, unless sooner dissolved according to law.

**III.  
Purpose**

This Corporation is authorized to engage in any business permitted to corporations organized under the Florida Business Corporation Act.

**IV.  
Capitalization**

The maximum number of shares, which this Corporation is authorized to have outstanding at any time, is 1,000 shares of common stock, having a par value of \$0.01 per share.

Hugo P. Arza  
Fla Bar No.: 0625175  
Suite 701  
2665 South Bayshore Drive  
Miami, Florida 33133

Audit Number: \_\_\_\_\_

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**V.**  
**Initial Registered Office and Agent**

The initial registered office of this Corporation shall be Suite 701, 2665 South Bayshore Drive, Miami, Florida; and the initial registered agent of this Corporation at such office shall be Hugo P. Arza, Esq., who upon accepting this designation agrees to comply with the provisions of Section 48.091, Florida Statutes, as amended from time to time, with respect to keeping an office open for service of process.

**VI.**  
**Initial Directors**


The number of directors constituting the Board of Directors of this Corporation shall be determined in accordance with its Bylaws, but shall not be less than one (1). The name and addresses of the persons, who are to serve as members of the initial Board of Directors are:

<u>Name &amp; Title</u>	<u>Address</u>
Mr. Sanford Cohen (P,D)	2665 South Bayshore Drive Suite 701 Miami, Florida 33133, U.S.A.

**VII.**  
**Incorporator**

The incorporator of this Corporation is Hugo P. Arza, Esq., and his address is Suite 701, 2665 South Bayshore Drive, Miami, Florida 33133.

In witness whereof, the undersigned has executed these Articles of Incorporation on October 10, 2005.

  
\_\_\_\_\_  
Hugo P. Arza, Esq.  
Incorporator

Audit Number: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE  
AND ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

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PM 12:05

1. The name of this Corporation is NATIVE AMERICAN PHARMACY  
ASSOCIATION, INC. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and the registered office is Hugo P.  
Arza, Esq., at 2665 South Bayshore Drive, Suite 701, Miami, Florida 33133.

Pursuant to Sections 48.091 and 607.0501, et seq., Florida Statutes, the undersigned has  
been named to act as the Registered Agent of this Corporation at the place designated in this  
certificate; and the undersigned agrees to accept such appointment and to act in that capacity.  
The undersigned further agrees that the undersigned will comply with all provisions of all  
statutes relating to the proper and complete performance of the duties of the Registered Agent of  
this Corporation; and that the undersigned is familiar with and accepts the obligations of the  
position of Registered Agent for this Corporation.

Date: October 10, 2005

Hugo P. Arza, Esq.  
Registered Agent

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