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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: (1) DE (1) (PROPOSED	OR DE PARHACEUTICALS PROCEDED SUFFIX		
Enclosed are an original and one (1) copy	of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of S	### \$78.75 \$87.50 Filing Fee, ### Certified Copy ### Certificate of ### Status		
	ADDITIONAL COPY REQUIRED		
FROM: A LEXAUDER M. VALDES Name (Printed or typed)			
10/31 SW 154 CIP OF #107			
MIAH	SW 154 CIP OF #107 Address 1 7-10 RIDA 33196 City, State & Zip		
30	5 - 724 -6838 Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: WIDEWORLD PHARMACEUTICALS PROD	ucts, In
The principal place of business/mailing address is: 1452 N KROME AUE #102F Florida City, Florida 33034 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Pharmaceutical Distributors ARTICLE IV SHARES The number of shares of stock is: 1000	FILED 05 DEC -2 TV 9: 29 WILLIAMSKE FILORIDA
List name(s), address(es) and specific title(s): Alexander M. Valdes — President 10/31 Sw 154 Cir Ct #107 MIAMI Torida street address (P.O. Box NOT acceptable) of the registered agent is: Alexander M. Valdes 10/31 Sw 154 Cir Ct #107 MIAMI Torida street address (P.O. Box NOT acceptable) of the registered agent is: Alexander M. Valdes 10/31 Sw 154 Cir Ct #107 MIAMI Torida Street address of the Incorporator is: Alexander M. Valdes 10/31 Sw 154 Cir Ct #107 MIAMI Torida Street agent to accept service of process for the above stated corporation at the pla	*****
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Colorador Colorador	7/05
Signature/Incorporator Date	