

Division of Corporations Public Access System

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Ia:

Division of Corporations

Fax Number : (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA PROFIT/NON PROFIT CORPORATION

# MENDRO PHARCEUTICALS INC.

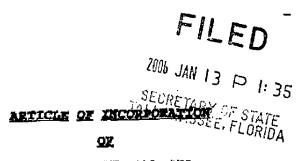
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MENDRO PHARMACEUTICALS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE 1 HAME

The name of the corporation shall be: MENDRO PHARMACEUTICALS INC.

The principal place of business of this corporation shall be: 1655 W. 31 PL. HIALEAH, FL. 33012

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

#### ARTICLE IV THEM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the componation's existence or until their successor(s) is (are) elected, is (are):

ROBERTO MENDEZ 14001 SW. 28 ST.

KIAMI, FL. 33175

LETICIA MENDEZ 14001 SW. 28 ST. MILAMI, FL. 33175

DIRECTOR

DIRECTOR

#### ARTICLE VI INCORPORATOR (S)

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

HOBERTO MENDEZ 1,4001 SW. 28 ST.

MIAMI, FL. 33175 LETICIA MENDEZ

VICE-PRESIDENT & TREASURER ( 50 shares )

PRESIDENT & SECRETARY ( 50 \*bares )

14001 SW. 28 ST.

H IAMI, FL. 33175
The undersigned has (have) executed these Article of Incorporation this 13 th. day of January , 200 6.

Signature/Title

Signature/Title

Bignature/Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

1.	The name of the corporation is:
	MENDRO PHARMACEUTICALS INC.
2.	The name and address of the registered agent and office
	is ROBERTO MENDEZ
	(Name)
	14001 SW. 28 ST.
	14001 SW. 28 ST. (P. O. BOX NOT ACCEPTABLE)
	MIANI, FLORIDA 33175
	(CITY/STATE/ZIP)
HAV	ing been named as registered agent and to accept service
	PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI
	registered agent and agree to act in this capacity. I fur R agree to comply with the provisions of all statutes
	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES
	I AM FAMILIAR WITH AND ACCRPT THE OBLIGATIONS OF MY
POS;	ition as my position as registered agent.
	× A
	SIGNATURE X
	DATE 1-13-08
	——————————————————————————————————————