

### Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

#### ADVANCED PHARMACEUTICAL SERVICES, INC.

Certificate of Status	0
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#### ARTICLES OF INCORPORATION

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

#### ARTICLE I - NAME

The name of the corporation shall be:

ADVANCED PHARMACEUTICAL SERVICES, INC.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15975 S.W. 78 Place Miami, Florida 33157

#### ARTICLE III - SHARES

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

100 shares

#### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ivan Hayot 15975 S.W. 78 Place Miami, Florida 33157

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Ivan Hayot 15975 S.W. 78 Place Miami, Florida 33157

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### ARTICLE YI - DIRECTOR

The name and street address of the directors to these Articles of Incorporation is:

Ivan Hayot 15975 S.W. 78 Place Miami, Florida 33157

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## CERTIFICATE OF DESIGNATION 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: <u>ADVANCED PHARMACEUTICAL SERVICES</u>, INC.
- 2. The name and address of the registered agent and office is:

Ivan Hayot 15975 S.W. 78 Piace Miami, Florida 33157

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.

SIGNATURE-

DATE\_

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