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(Document Number)

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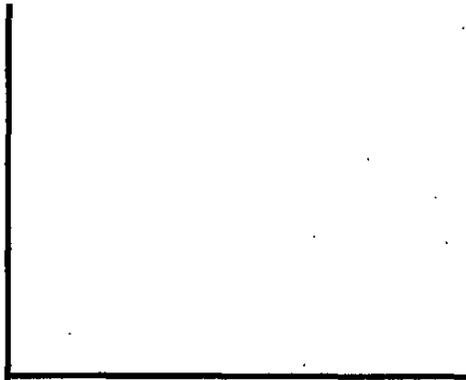
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CORPORATE FILING SERVICE
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PHARMACY VIAL SUPPLY CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

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ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Pharmacy VIAL Supply CORP.

ARTICLE II - PRINCIPAL OFFICE

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

1040 SW 70 AV Miami FL 33144

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elizabeth Iglesias - 1040 SW 70 AV
Miami FL 33144

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ARTICLE V - INCORPORATOR

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

Elizabeth Iglesias - 1040 SW 70 AV
Miami, FL 33144

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.



Signature

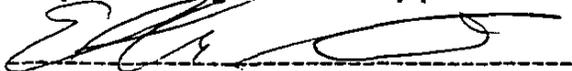
ARTICLE VI- DIRECTOR (S)

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

Elizabeth Iglesias (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature