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

Account Number : 071001002335 Phone

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FLORIDA PROFIT/NON PROFIT CORPORATION

MENDRO PHARMACY INC.

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ARTICLE OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

MENDRO PHARMACY 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 I NAME

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

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

ARTICLE II NATURE OF EUSINESS

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 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V 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 corporation's existence or until their successor(s) is (are) elected, is(are):

ROBERTO MENDEZ 14001 SW. 28 TH. ST. MIAMI, FL. 33175 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

ROBERTO MENDEZ 14001 SW. 28 TH. ST. MIAMI, FL. 33175 PRESIDENT, SECRETARY & TREASURER 100 shares

tion this 13 th. day of July	,20_06
	Signature/Title
	Signature/Title
	Signature/Title

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:
,	MENDRO PHARMACY INC.
2 .	The name and address of the registered agent and office is ROBERTO MENDEZ
	(Mame) Type
	14001 SW. 28 TH. ST.
	(P. O. BOX NOT ACCEPTABLE)
	HIALEAH, FLORIDA 33012
	(CITY/STATE/ZIP)
OF I	ING BEEN NAMED AS RECISTERED 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 AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM PAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITION AS MY POSITION AS REGISTERED AGENT.
	DATE 7-13-06