

P06000147939

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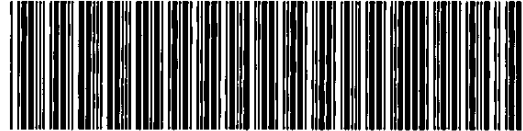
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 NOV 28 P 12:15
2006 NOV 28 AM 11:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

11-29-06
19C

**LAZARUS
CORPORATE FILING SERVICE**

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MIAMI, FL 33165 (305) 552-5973

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

1. ASF PHARMACY COAP.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

ARTICLES OF INCORPORATION
OF

ASI Pharmacy Corp

FILED
2006 NOV 28 P 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: ASI Pharmacy Corp

ARTICLE II
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of five dollars (\$ 5.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

11300 NW 87 Ct, Ste 149
Hialeah G, FL 33018

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Idania Morales
ADDRESS 7373 W. 30 Court
CITY Hialeah STATE FL Z C 33018

NAME _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

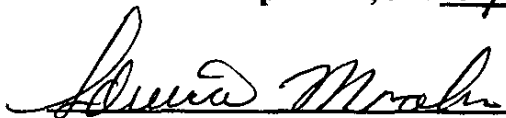
ARTICLE VIII
INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Idania Morales TITLE President
ADDRESS 7373 W. 30 Court
CITY Hialeah STATE FL Z C 33018

NAME _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 27 day of November of 2006

 (Seal)

_____ (Seal)

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

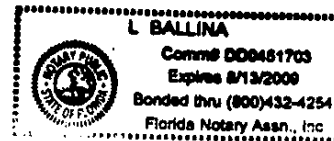
Idania Morales

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 27 day of November of 2006.

L Ballina

Notary Public
State of Florida at Large



CERTIFICATE OF REGISTERED AGENT

OF

ASI Pharmacy Corp

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted,
in compliance with said Act:

FIRST: That ASI Pharmacy Corp desiring to
organize under the laws of the State of Florida with its principal office as indicated
in the articles of incorporation at the City of Hawah, County of Dade State
of Florida, has named:

Mr (Ms) Idania Morales
Located at 7373 W. 30 Court
City of Hawah County of Dade
State of Florida

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process
for the above stated corporation at the place designated in this certificate, and being
familiar with the obligations of that position. I hereby accept to act in this capacity,
and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent