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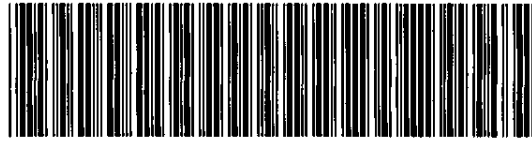
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 12-04-06

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# LAZARUS CORPORATE FILING SERVICE

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

1. e-Rx, Inc.  
(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



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

STATE  
TALLAHASSEE, FLORIDA

November 30, 2006

LAZARUS

SUBJECT: E-RX, INC.

Ref. Number: W06000051879

We have received your document for E-RX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

An effective date may be added to the Articles of Incorporation **if a 2007 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 606A00068943

Effective date  
01-01-07  
Per Lazarus

## **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: *RX CLAIMS, INC.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC - 1 AM 12:51

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### **ARTICLE II – PRINCIPAL OFFICE**

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

**8000 S.W. 117 Avenue  
Penthouse G  
Miami, Florida 33183**

### **ARTICLE III – SHARES**

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

**1,000**

### **ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

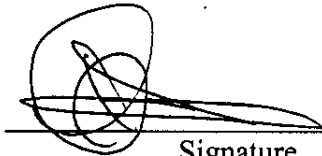
**Orlando Alberro  
10241 S.W. 58 Street  
Miami, Florida 33173**

**ARTICLE V – INCORPORATOR**

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

**Orlando Alberro  
10241 S.W. 58 Street  
Miami, Florida 33173**

The undersigned incorporator has executed these Articles of Incorporation this **28<sup>th</sup> day of November, 2006**

  
\_\_\_\_\_  
Signature

**ARTICLE VI - DIRECTOR(S)**


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

**Roberto Alberro (P) 269 Costanera Rd.; Coral Gables, Florida 33143**

**Orlando Alberro (VP) 10241 S.W. 58 Street; Miami, Florida 33173**

**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