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SCORETARY OF STATE
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐\$78.75 Filing F∞ & Certified Copy ADDITIONAL CO	\$87.50 Filing Fcc, Certified Copy & Certificate of Status PY REQUIRED
FROM:	RODOLFO B. Name (P	Dr A Z.	
	8331 S.W.	27 TH LAWE	
	MIAMI, F	LA 331TT	Managapi 1884 - Malak Ang Alaysian mang
	(786) 4	99-0662	

PHARMA - MEDIC, USA, Co.

(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION.

NAME AND ADDRESS OF CORPORATION

The name of this corporation shall be: PHORMA-MEDIC, USA, Co.

The principal place of business and address is: 8331 S.W. 27th LawE MIANI, FLA. 3315T

DURATION

The duration of the corporation shall be perpetual. The date and time of the commencement of the corporate existence of the corporation shall be upon filing these Articles of Incorporation with the Secretary of State, State of Florida.

> III PURPOSE

The nature of the business and the objects and purposes to be transacted, promoted, or carried on by the corporation are to engage in any lawful act, activity or business for which corporations may be organized under the laws of the State of Florida. Additionally, the corporation shall have all of the powers vested in a corporation organized under and existing by virtue of the laws of the State of Florida.

CAPITAL STOCK

The maximum number of shares of stock that the corporation is authorized to have oustanding at any time shall be 100 shares of common stock with a par value of \$1.00 dollar(s) (\$100.00) per share.

REGISTERED AGENT AND OFFICE

The name and office address of this corporation's initial registered agent is:

ROBOLFO B. DIAZ

8331 5.W. 27th LANE

MIRML, FLA 3315T

٧I INCORPORATOR

The name and address of the incorporator is:

RODOLFO B. DIAZ 83315.W. 27th LANE MIAMI, FLA. 33155

BOARD OF DIRECTORS The corporation shall have a Board of Directors consisting of (1) person (s). The number of Directors may be increased (or decreased) from time by resolution of the majority of the Stockholders but shall never be less than one. The name address of the initial member(s) of the Board of Directors of this corporation (is) (are): RODIFO D. DIAZ

83315.W. 27 H. A.E. MIAMIFLA 331VN IIIV

INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to be full extent permitted by law.

AMENDMENTS

The power to adopt, alter. amend or repeal Articles of Incorporation and the Bylaws of this corporation shall be vested in the Board of Directors and Stockholders provided that such amendment be in compliance with the laws of Florida.

IN WITNESS WHEREOF, the undersigned Incorporator has excuted these Articles of Incorporation in the State of Florida, this 12 day of January, 2001.

Rodolfo B. Diaz Incorporator Having been designated as the registered agent in the above and foregoing articles, I am familiar with and accept the obligations of the position/

Rodolfo B. Diaz Registered Agent

STATE OF FLORIDA

COUNTY OF DATE miami -Dade

BEFORE

ME, the undersigned authority,

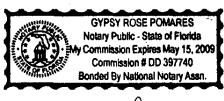
personally

appeared Rodolfo B. DiaZ who is to me known to be the person described in and who executed the foregoing Articles of who is to meknown to be incorporation as the Incorporator and he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand seal at _ in the said County and State, this 12 day of January

My Commission Expires:

Notary Public, State of Florida



Yupour Rose Pomares

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.

٦,	The name of the corporation is: PHARMA-MEDIC, USA, CO
2.	The name and address of the registered agent and office is:
	RODOLFO B. DiAS
	· · · · · · · · · · · · · · · · · · ·
	8331 S.W. 27th LANE
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	MIAMI, FLA 331VI
	(CITY/STATE/ZIP)

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 Producto B. Diag

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