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# **CORPORATE FILING SERVICE**

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IAMI, FL 33165 (305) 552-59	73
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PRPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
PC PHARMA CY DI	SCOUNT INC.
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials



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:

RC PHARMACY DISCOUNT INC

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

3955 Sw. 137 AVR Hiami FL 33175

## **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:

CARLOS R RODRIGUEZ

3955 SW 137 AVEL Hiami FL 33175

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#### ARTICLE V - INCORPORATOR

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

CARIOS R RODRIGUEZ

3955 Sw 137 Ave Miami FZ 33175

The undersigned incorporator has executed these Articles of Incorporation this 1/2 day of MARCH 2007

Signature

### ARTICLE VI- DIRECTOR(S)

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

CARlos R. Rodriguez - President

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