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PICK-UP WAIT MAIL			
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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S),	(if knawn):	
	MACYAND	DISCOUNT, INC.	
(Corporation Name)	(Document #)	· ·	
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(Corporation Name)	(Document #)		
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(Corporation Name)	(Document #)		
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OTHER FILINGS	REGISTRATION	/OUALIFICATION	
☐ Annual Report	☐ Foreign		
Fictitious Name	Limited Partne	ership	
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ARTICLES OF INCORPORATION

07 AUG -6 AM 11: 29

SECRETARY OF STATE
SECRETARY OF STATE
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:

Fauily Pharmacy and Discount, Inc.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

17690 NW 78 AVE 105 Miani, FL, 33015

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100:

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Eufenia Barrios Cruz.

17690 NW 78 Ave Suite 105

Migri - 81- 33015

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE **ARTICLES OF INCORPORATION IS:** Eufemia Barrios Cruz.

17690 NW 78 AVE Suite 105 Miami Fl 33015 THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTIC OF INCORPORATION THIS . 200 ラー DAY OF BURKET

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Eufemia Barrios Cruz. (PRESIDENT). 17690 NW 78 AVE Suite 105 Miani FL 33015

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED</u>

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