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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):	
1. MORENO 1	PHARMACY AND	
2. DISCOUNT	(Document #)	
(Corporation Name)	(Document #)	
3.	•	,
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit Limited Liability	Resignation of R.A., Officer/Director	
Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Merger Mildrawar	
OTHER FILINGS	REGISTRATION/QUALIFICATION	٠.
Annual Report Fictitious Name	Foreign Limited Partnership	
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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:

MORENO PHARMACY and DISCOUNT, INC.

ARTICLE II - PRINCIPAL OFFICE

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

7339 West Plaglen ST. miami F/- 33144

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mayda Moreno 7339 West Flagler ST. migme F/ 33144

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

Mayda Moreno)339 west Flagler ST. miami Fl-33144

The undersigned incorporator has executed these Articles of 3 day of Docember 2007 Incorporation this

Signature

ARTICLE VI- DIRECTOR(S)

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

Mayda Moreno - (President 7339 West Flagler ST.

migme El- 33144

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