

FROM : LAZARUS
Div. of Corporations

FAX ID: 3052201440

Jan. 8, 2008 8:51 AM

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Florida Department of State
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TO:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILNG SERVICE, INC.
Account Number : 120000000019
Phone : (305) 532-5973
Fax Number : (305) 220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

PRO - HEALTH PHARMACY NETWORK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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:

Pro-Health Pharmacy Network, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

9445 SW 40st
Miami FL, 33165

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:

Fernando Todorov

9445 SW 40 st
Miami FL, 33165

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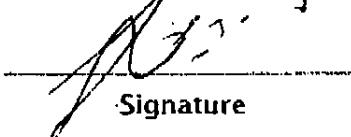
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ARTICLE V - INCORPORATOR

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

Fernando Todorov
9445 SW 40 St
Miami FL, 33165

The undersigned incorporator has executed these Articles of Incorporation this 8 day of January 2008


Signature

ARTICLE VI- DIRECTOR(S)

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

Fernando Todorov. President, Secretary

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for 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.

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Registered Agent Signature

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