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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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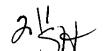


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CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

•	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. PAR PHARMAL	
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	2.06 — Certified Copy
Mail out Will wait	Photocopy Certificate of Status
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

CR2E031(7/97)

ARTICLES OF INCORPORATION OF

PAR Pharmacy Inc

The undersigned subscriber(s) to these Articles of Incorporation, natural person Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I CORPORATION NAME

The corporation's name shall be: PAR Pharmacy Inc

ARTICLE II DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV CAPITAL STOCK

The corporation is authorized to issue <u>one hundred</u> (100) shares of <u>five dollars</u> (\$ 5.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V PLACE OF BUSINESS

The principal place of business of said corporation shall be:

8239 SW 40 Street Miami FL 33155

ARTICLE VI NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

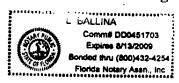
NAME Pavel Aguila.
ADDRESS 4566 SW 169

CITY MIAMI STATE & ZC 33185

NAME.
NAME
ADDRESS STATE Z C
STATEZC
ARTICLE VIII
INCORPORATORS
The name and addresses of the incorporators signing these Articles of
Incorporation, are as follows:
\mathcal{O}_{2} , \mathcal{A}_{2} , \mathcal{A}_{3}
NAME Parel Aguila TITLE President
NAME Parel Aguila TITLE President ADDRESS 4566 SW 164 Court CITY MIQMI STATE E ZC 33185
CITY MIGMI STATE FE ZC 33185
NAMETITLE
ADDRESS
ADDRESS STATE Z C
CITYSTATEZC
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed thes
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed thes Articles of Incorporation, this <u>30</u> day of <u>Sonuon</u> of <u>2008</u>
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed thes Articles of Incorporation, this _30 day of of _2008
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed thes Articles of Incorporation, this 30 day of 30nuon of 2008
Articles of Incorporation, this 30 day of January of 2008
IN WITNESS WHEREOF, the undersigned subscriber (s) have executed thes Articles of Incorporation, this _30 day of of _2008
Articles of Incorporation, this 30 day of January of 2008
Articles of Incorporation, this 30 day of January of 2008

STATE OF FLORIDA)	
) S	3
COUNTY OF DADE)	
D.C N.A.	. Darletta aast	hariand to take a sky ambadaamay tiy tha State
and County set for above, p		horized to take acknowledgement in the State ppeared:
	Pavel	Aguila
		rson (s) who executed the foregoing Articles of before me that <u>he</u> executed these
IN WITNESS WHE	EREOF, I ha	ave hereunto affixed my hand and seal, in the

Notary Public State of Florida at Large



CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

PAR	Pharmacy Inc	

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That PAR Pharmacy Znc desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Mann, County of Dode State of Florida, has named:

My/Ms Pavel Aguila

Located at 4566 Sto 164 CF

City of Niami County of Dade.

State of FL

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process of for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent