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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
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FLORIDA PROFIT/NON PROFIT CORPORATION

PHARMALIFE CONSULTANT, INC.

Certificate of Status	0
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06/12/2009

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ARTICLES OF INCORPORATION
OF

PHARMALIFE CONSULTANT, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be: PHARMALIFE CONSULTANT, INC.

The principal place of business of this corporation shall be: 6850 SW 24 St
Suite # 207
Miami, FL 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. (CONSULTANT)

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P/D Alberto Dorado
6850 SW 24 Street #207
Miami, FL 33155

T/D Victoria Golunova
6850 SW 24 Street #207
Miami, FL 33155

VP/D Mikhail Bogachek
6850 SW 24 Street # 207
Miami, FL 33155

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Alberto Dorado
6850 SW 24 Street
Miami, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12 day of June, AD 2009.

Signature(s) of Incorporator(s)



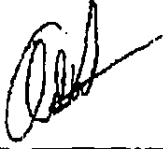
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: Pharmalife Consultant, Inc.
2. The name and address of the registered agent and office is:

Alberto Dorado
6280 SW 24 Street
Miami, FL 33155

Signature: 
Title: President
Date: 6/12/09

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature: 
Date: 6/12/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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