

PO9000060577

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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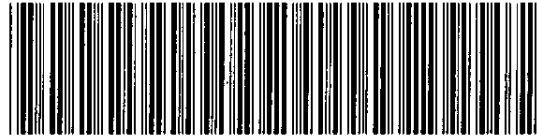
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 JUL 15 AM 11:14

APPROVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 15 AM 11:41

1/4

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AMPRO PHARMACEUTICAL INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

APPROVED  
AND  
FILED

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ARTICLES OF INCORPORATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMPRO PHARMACEUTICAL INC

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) 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: AMPRO PHARMACEUTICAL 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 One hundred (100) shares of five dollars (\$ 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:

617 SW 57 Avenue  
Miami, FL 33144

**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 Shaula Fong Pres  
ADDRESS 255 SW 60 Avenue  
CITY Miami STATE FL ZC 33144

NAME Manuel Ferrer Vice-Pres  
ADDRESS 455 SW 27 Ave #1  
CITY Miami STATE FL ZC 33135

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_

**ARTICLE VIII**  
**INCORPORATORS**


The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Shaula Fong TITLE Pres  
ADDRESS 255 Sw 60 Avenue  
CITY Miami STATE FL ZC 33144

NAME Manuel Ferrer TITLE Vice-Pres  
ADDRESS 455 Sw 27 Avenue, #1  
CITY Miami STATE FL ZC 33135

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 13 day of July of 2009

 \_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

STATE OF FLORIDA       )  
                                  )     SS  
COUNTY OF DADE       )

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

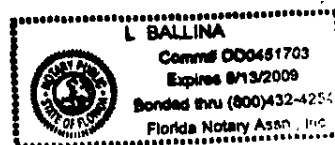
Shauna Fong

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 13 day of July of 2009.

L Ballina

Notary Public  
State of Florida at Large



APPROVED  
AND  
FILED

09 JUL 15 AM 11:41

**CERTIFICATE OF REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OF**

AMPRO PHARMACEUTICAL INC

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

**FIRST:** That AMPRO PHARMACEUTICAL INC 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 Miami, County of Dade State  
of FL, has named:

Mr/Ms Shawna Tong  
Located at 255 SW 60 Avenue  
City of Miami 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  
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