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Fax Number : (850)617-6381

From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

SOUTH FL. PHARMACY & DISCOUNT INC

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

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H 1 0 0 0 0 0 5 6 3 3 7 ARTICLES OF INCORPORATION

10 MAR II AMII: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

SOUTH FL. Pharmacy & DISCOUNT INC

ARTICLE II - PRINCIPAL OFFICE

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

0875 WEST. FLAGIER ST. # 6862 Miami FL 33144

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:

IOSBERTO GORT.

6875 WEST FLAGIER ST. # 6862

Miami FL 33144

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ARTICLE V - INCORPORATOR

SECRETARY OF STAFF TALLAHASSEE, FLORIDA

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

IOSBERTO GORT.
6875 WEST FLAGLER ST. # 6862.
Miami FL 33144

The undersigned incorporator has executed these Articles of Incorporation this day of _______.

ARTICLE VI- DIRECTOR (S)

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

IOSDERTO GORT (P)

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