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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MANZANILLO PHARMACY DISCOUNT, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
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**ARTICLES OF INCORPORATION** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MANZANILLO PHARMACY DISCOUNT, 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.

**ARTICLE I NAME**

The name of the corporation shall be:

**MANZANILLO PHARMACY DISCOUNT, INC.**

The principle place of business is:

5540 SW 8<sup>TH</sup> ST. CORAL GABLES, FL 33134

**ARTICLE II**

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.

**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:

100 SHARES \$1.00 PAR VALUE

**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)

**PRESIDENT: MAIRAN S. CARDENOSA**  
**5540 SW 8<sup>TH</sup> ST.**  
**CORAL GABLES, FL 33134**

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

**MAIRAN S. CARDENOSA**  
**5540 SW 8<sup>TH</sup> ST.**  
**CORAL GABLES, FL 33134**

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this 21 day of June, 2010

Signature of Incorporator



APPROVED  
AND  
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10 JUN 22 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

MANZANILLO PHARMACY DISCOUNT, INC.

2. The name and address of the registered agent and office is:

MAIRAN S. CARDENOSA      5540 SW 8<sup>TH</sup> ST.  
CORAL GABLES, 33134

Signature \_\_\_\_\_



Title President Date 06/21/2010

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 06/21/2010

