

PIU0000090967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900187016579

11/03/10--01003--023 **35.00

11/03/10--01003--025 **70.00

RECEIVED
10 NOV -3 AM 11:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

NOV - 9 2010

EXAMINER

FILED
10 NOV -3 PM 1:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: PHARMCO CORP.
Ref. Number: W10000051516

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -3 PM 1:26

We have received your document for PHARMCO CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed twice. There must be a signature for the converting entity and also for the resulting entity. The present certificate only contains a signature for the converting entity.

Also, we need a clearer copy of the Certificate of Conversion with original signatures.

Please note that we are RETAINING your \$105. payment.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 710A00025904



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctlegalsolutions.com

November 9, 2010

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
10 NOV -3 PM 1:26
RECEIVED
10 NOV -9 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 7978211 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Pharmco, L.L.C. (FL)
Conversion
Florida

Pharmco Corp. (FL)
Incorporation
Florida

Please backdate
to original filing
date

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -3 PM 1:26

SUBJECT: Pharmco Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Sean F. Reid

Name (Printed or typed)

61 Broadway, 32nd Floor

Address

New York, NY 10006

City, State & Zip

(212) 930-9700

Daytime Telephone number

sreid@srff.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -3 PM 1:20

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Pharmco, L.L.C.

L05000114230

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on November 29, 2005

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Pharmco Corp.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 28th day of September, 2010.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: AVRAHAM FRIEDMAN Title: CEO

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: _____
Printed Name: Avraham Friedman Title: CEO/Managing Partner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Pharmco Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
901 N. Miami Beach Blvd.
Suite 1
N. Miami Beach, FL 33162

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
for any lawful purpose as permitted by the Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is 50,000,000 shares of common stock, par value \$0.001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Avraham Friedman, CEO
Address: 901 N. Miami Beach Blvd.
Suite 1
N. Miami Beach, FL 33162

Name and Title: _____
Address: _____

Name and Title: Andy Subachan, COO
Address: 901 N. Miami Beach Blvd.
Suite 1
N. Miami Beach, FL 33162

Name and Title: _____
Address: _____

Name and Title: Alan Jay Weisberg, CFO
Address: 901 N. Miami Beach Blvd.
Suite 1
N. Miami Beach, FL 33162

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CE Corporation System
Address: 500 South Pine Island Rd
Fort Lauderdale, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Avraham Friedman, CEO
Address: 901 N. Miami Beach Blvd, Suite 1
N. Miami Beach, FL 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

Chris McNear
Assistant Secretary

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 NOV -3 PM 1:26