P/18888/2764

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE
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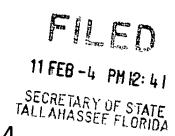
COVER LETTER

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

SUBJECT: CELLTECH USA INC	
(PROPOSED CORPORA'	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: MIRTA AZAR	(Printed or typed)
2875 NE 191st STREET	- STE 601 Address
AVENTURA, FL 33180 City,	State & Zip
305-692-5204 EXT 221 Daytime Te	elephone number
MIRTA.AZAR@GTAX.CO	OM I for future annual report notification)

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

HAGIT MATITYAHU 5457 NE 3rd TERR FT LAUDERDALE, FL 33334



FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

SUBJECT: CELLTECH USA INC

DOC # P06000151180

Dear Madam/Sir,

I, Hagit Matityahu, am here to confirm that I have no intention of reinstating Celltech USA Inc, therefore, releasing the name for use to another entity.

Sincerely,

Hagit Matityahu

President

Notary Public State of Florida
Steve Z Levy
My Commission EE038366
Expires 0 1/08/2015

Shop My

ARTICLES OF INCORPORATION

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

ARTICLE I No.	AME CELLTECH USA INC			
ARTICLE II P.	RINCIPAL OFFICE			
	Principal street address		Mailing add	ress, if different is:
	2 NW 5th AVE			
HA	LLANDALE, FL 33009			<u> </u>
ARTICLE III PU	IDPOSE			
	th the corporation is organized is:		•	
	nd all Lawful business			SECOND SECOND
ARTICLE IV S. The number of shares				HASSEE FLORID
	NITIAL OFFICERS AND/OR DIRECTOR			T.
Name and Title	KUPPERMAN, ETAI (PRESIDENT			
Address:	2449 NE 11 STREET	_ Address	<u> </u>	
	APT 3	_		<u> </u>
	FORT LAUDERDALE, FL 33304	_		
Name and Title		Nome	nd Title:	
Address:	<u>. </u>			
Address.		_ Audiess		
		- -		
Name and Title	:	Name a	nd Title:	
Address:				
		_		
		_		
	<u>EGISTERED AGENT</u>			
	a street address (P.O. Box NOT acceptable) of	f the registe	ered agent is:	
Name:	ETAI KUPPERMAN	_		
Address:	212 NW 5th AVE	_		
	HALLANDALE, FL 33009	_		
ARTICLE VII II	NCORPORATOR			
•	ss of the Incorporator is:			
Name:	ETALKUPPERMAN	_		
Address:	212 NW 5th AVE			
	HALLANDALE, FL 33009	_		
this certificate, I am f	as registered agent to accept service of proces amiliar with and accept the appointment as reg	istered age		
	Required Signature/Registered Agent			02/01/2011
	Required Signature/Registered Agent			Date
I submit this docume document to the Depo	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	true. I an y as provid		
	Star Kuntanina			00/04/0044
	Eta Kupponum Required Signature/Incorporator			02/01/2011 Date
	required organiture/incorporator			Daic