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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
RXPERTS PHARMACY CONSULTANTS, INC**

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DIVISION OF CORPORATIONS

H11000050012

ARTICLES OF INCORPORATION

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.

STATE OF FLORIDA
TALLAHASSEE

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ARTICLE I NAME

The name of the corporation shall be: RXPPTS PHARMACY CONSULTANTS, INC

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

6222 S.W. 106 AVE
MIAMI, FL 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KATRINA ALEXIS NUNEZ
6222 S.W. 106 AVE
MIAMI, FL 33173

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ARTICLE V INCORPORATOR(S)

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

KATRINA ALEXIS NUNEZ
6222 S.W. 106 AVE
MIAMI, FL 33173

ARTICLE VI DIRECTOR(S)

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

KATRINA ALEXIS NUNEZ (PRESIDENT & SECRETARY)
6222 S.W. 106 AVE MIAMI, FL 33173

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23 day of FEBRUARY 2011.



Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is: **EXPERTS PHARMACY CONSULTANTS, INC**

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

KATRINA ALEXIS NUNEZ

(NAME)

6222 S.W. 106 AVE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33173

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 2/23/11

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