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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION NEW LIFE COMMUNITY PHARMACY INC.

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ARTICLE OF INCORPORATION

OF

NEW LIFE COMMUNITY PRARMACY 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: NEW LIFE COMMUNITY PHARMACY INC.

The principal place of business of this corporation shall be:

3032 NW. 7 AVE. MIAMI, FL. 33127

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the Daiter State, 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 par value that this corporation is authorized to have outstanding at any one time is: $100 \times $10.00 = $1,000.00$

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

SHEYLA RODRIGUEZ 3032 NW. 7 AVE. DIRECTOR

MIAMI,FL.33127

ZENAIDA REX 3032 NW. 7 AVE. MIAMI, FL. 33127 DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

SHEYLA RODRIGUEZ

PRESIDENT

(50 shares)

3032 NW. 7 AVE. MIAMI, FL. 33127

ZENAIDA REY ... 3032 NW. 7 AVE. MIAMI, FL. 33127

VICE-PRESIDENT (50 shares)

The undersigned has (have) executed these Article of Incorporation this _25 th_day of October ______, 20_11

ignature/Title

Signature/Title

Signatura/Title

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.

ı.	The name of the corporation is:	
	NEW LIFE COMMUNITY PHARMACY INC.	
2.	The name and address of the registered agent and office	
	is SHEYLA RODRIGUEZ	_
	(Name)	107
	3032 NW. 7 AVE. AR	20.
	(P. O. BOX NOT ACCEPTABLE)	2011 UCT 26
	MIAMI, FLORIDA 33127	AH
	(CITY/STATE/ZIP)	1 3: (a
of P	NG ESEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI EGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR	
THER	AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES	
rela And	TING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY TION AS MY POSITION AS REGISTERED AGENT.	
	SIGNATURE TO THE SIGNATURE	
	DATE 10-25-11	