Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION LUNA PHARMACY & DISCOUNT CORP

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: LUNA PHARMACY & DISCOUNT CORP

REF: W12000014723

March 14, 2012

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Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H12000065814 Letter Number: 612A00009302

H 1 2 0 0 0 0 6 5 8 4 4 ARTICLES OF INCORPORATION

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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.

ARTICLE I - NAME

The name of the corporation shall be:

LUNA PHARMACY & DISCOUNT CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

5545 SW 8 Gr. Suite 104 Miami FL 33134

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adrian Padron 5545 SW 8 ST. Suite 104 Miami FL 33134

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: AdRian Padron 5545 Sw 8 ST. Suit€ 104 Miami FL 33134	-								
The undersigned incorporator has executed these Articles of Incorporation this 12 TH day of									
Signature									
ARTICLE VI- DIRECTOR (S)									
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Adrian Padron (P) FLORIDA ABIEL Soto (VP)	FILED								

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature