

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PHARMASPHERE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Pharmasphere, LLC.
50 Middle Road
Palm Beach, Florida 33480

December 21, 2012

FILED
13 JAN -7 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Florida Secretary of State

Pharmasphere, LLC hereby consents to the use of the name Pharmasphere in the filing of Articles of Incorporation by Pharmasphere, Inc.

Pharmasphere, LLC

By: x

Joseph M. Pizza, Authorized Person

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

FILED
13 JAN -7 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Pharmasphere, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 S. Narcissus Avenue
Suite #1202B
West Palm Beach, Florida 33401

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which the Corporation is formed are, to the extent permitted by law, to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 2,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald J. Mannino, Chairman and Director
Address: 564 Miller Court
Wyckoff, New Jersey 07481

Name and Title: Joseph M. Pizzo, President & Director
Address: 50 Middle Road
Palm Beach, Florida 33480

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Joseph M. Pizzo
Address: 50 Middle Road
Palm Beach, Florida 33480

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Robert J. Giordanello
Address: c/o Cowan Liebowitz & Latman
1133 6th Avenue, NY, NY 10036

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

X

[Signature]
Required Signature/Registered Agent

12/21/12
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.817.153, F.S.

[Signature]
Required Signature/Incorporator

1/2/13
Date