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FLORIDA PROFIT/NON PROFIT CORPORATION MAR Pharm Consulting, Inc.

Certificate of Status	1
Certified Copy	0
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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.

ARTICLE I NAME

The name of the corporation shall be:

MAR Pharm Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17222 69th Street N. Loxahatchee, FL 33470



ARTICLE III SHARES

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

200 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Muhammad A. Rashid 17222 69th Street N. Loxahatchee, FL 33470

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Muhammad A. Rashid - President/Director 17222 69th Street N., Loxahatchee, FL 33470

ARTICLE VI INCORPORATOR(S)

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

Muhammad A. Rashid 17222 69th Street N., Loxahatchee, FL 33470

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of December 2013

Muhammad A. Rashid

Signature

1. The name of the corporation is: MAR Pharm Consulting, Inc.

SIGNATURE

H13000270625

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is:	
Muhammad A, Rashid	
Name	
17222 69th Street N.	
(P.O. Box or Mail Drup Box NOT Acceptable)	
Loxahatchee, FL 33470	
(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.	

12/10/2013

(Date)