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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone	#)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	e)				
(Document Number)					
Certified Copies Certificates	of Status				
Special Instructions to Filing Officer:					

B 2/1/14



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COVER LETTER

Department of State **New Filing Section** Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Farma SemiSolids Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	□ \$78.75 Filing Fee	Filing Fee Filing Fee

FROM:	Noel Mijares
rcowi.	Name (Printed or typed)
	141 NE 3rd Avenue, 9th Floor
	Address
	Miami, FL 33132
	City, State & Zip
	305-336-5608
	Daytime Telephone number
	nmijares@farmasemisolids.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

	RINCIPAL OFFICE Principal street address		Mailing address, if different is:	
41 NE 3rd / th Floor	Avenue			
liami, FL 3				
			 	
RTICLE III PU e purpose for whice	h the corporation is organized is: Any and	all busine	ess.	
			14 FE	DIVISI
				ON CE
			3 PR	7.80 200 200
				، لبر کُنْ
			5. 5.	STATE PRATIO
RTICLE IV SI	HARES 40.000		D: 52	SECRETARY OF STATE
RTICLE IV SI e number of shares	HARES of stock is: 10,000			\$TATE PRATIONS
e number of shares	HARES of stock is: 10,000		52	\$TATE PRATIONS
e number of shares				HATIONS STAIL
e number of shares	NITIAL OFFICERS AND/OR DIRECTOR		52	
e number of shares RTICLE V II Name and T	<i>ITTIAL OFFICERS AND/OR DIRECTOR</i> itle: Noel Mijares, President, CEO	Name and Title	Lisa D. Cote, EVP	
e number of shares RTICLE V II Name and T	NITIAL OFFICERS AND/OR DIRECTOR itle: Noel Mijares, President, CEO 141 NE 3rd Avenue	Name and Title	Lisa D. Cote, EVP 141 NE 3rd Avenue	
e number of shares RTICLE V II Name and T Address	NITIAL OFFICERS AND/OR DIRECTOR Itle: Noel Mijares, President, CEO 141 NE 3rd Avenue 9th Floor	Name and Title Address:	Lisa D. Cote, EVP 141 NE 3rd Avenue 9th Floor Miami, FL 33132	
e number of shares RTICLE V II Name and T Address	Noel Mijares, President, CEO 141 NE 3rd Avenue 9th Floor Miami, FL 33132	Name and Title Address: Name and Title	Lisa D. Cote, EVP 141 NE 3rd Avenue 9th Floor Miami, FL 33132	
e number of shares RTICLE V II Name and T Address Name and Tir	Noel Mijares, President, CEO 141 NE 3rd Avenue 9th Floor Miami, FL 33132	Name and Title Address: Name and Title	Lisa D. Cote, EVP 141 NE 3rd Avenue 9th Floor Miami, FL 33132	
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RTICLE V II Name and T Address Name and Tit Address	Noel Mijares, President, CEO 141 NE 3rd Avenue 9th Floor Miami, FL 33132	Name and Title Address: Name and Title Address:	Lisa D. Cote, EVP 141 NE 3rd Avenue 9th Floor Miami, FL 33132	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Noel Mijares	
Address:	141 NE 3rd Avenue, 9th Floor	no divid
	Miami, FL 33132	FEB:
ARTICLE VII	INCORPORATOR	FILED ARY OF STAT F CORPORAT
The <u>name and a</u>	ddress of the Incorporator is:	S TATE
Name:	Noel Mijares	52
Address:	141 NE 3rd Avenue, 9th Floor	
	Miami, FL 33132	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Jose Stiller	01/31/2014
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	rue. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
	0000 00.11x	01/31/2014
	Required Signature/Incorporator	Date