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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INCN

Account Number : I20000000019 Phone : (305) 552-5973 Fax Number : (305)675-5944

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Rmail.	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION PHARMACOL CORP

Certificate of Status	0	
Certified Copy	1	
Page Count	. 03	
Estimated Charge	\$78.75	

H14000208769 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

PHARMACOL CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
9732 NW (0 LN	
DORAL FL 33172	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Patrick Achille (P/O)	_
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	<u></u>
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	<u>S:</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES The name and Florida street address (PO Box not acceptable) of the registered agent Portrick ACCOLLE	
The name and Florida street address (PO Box not acceptable) of the registered ages Potrick Achille	
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The name and Florida street address (PO Box not acceptable) of the registered ages Patrick Achille 9732 NW 6 Ln Doral FL 33172	nt is: -
The name and Florida street address (PO Box not acceptable) of the registered ages Patrick Achille 9732 NW 6 Ln Doral FL 33172	nt is: -

Required Signatures:

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

Registered Agent

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.817.155, F.S.

Incorpòrator

Date