P14000075897

07-24/ 2 .17 881 P 1/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000215013 3)))

H1400021501333ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
        Account Name   : LAZARUS CORPORATE FILING SERVICE, INC
        Account Number : I20000000019
        Phone   : (305)552-5973
        Fax Number   : (305)675-5944

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
SUNLIFE PHARMACY CORP

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

9/15/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 12 AM 1: 30
FILED

TALLAHASSEE, FLORIDA
14 SEP 12 PM 4: 18
RECEIVED

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

H14000215013

FILED
14 SEP 12 PM 1: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I   NAME: The name of the corporation is:

SunLife Pharmacy Corp

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

7164 Pembroke Rd.
MIRAMAR FL 33023

ARTICLE III   SHARES: The number of shares of stock is: 100

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

EDUARDO LEON (PRESIDENT)

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Eduardo Leon
7164 Pembroke Rd.
MIRAMAR FL 33023

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Eduardo Leon
7164 Pembroke Rd.
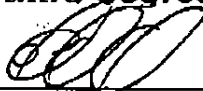Miramar FL 33023

H140002150 13

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   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.817.155, F.S.

_____   _____
Incorporator   Date

FILED
14 SEP 12 PM 1: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140002150 13