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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

: 120000000019 : (305)552-5973

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FLORIDA PROFIT/NON PROFIT CORPORATION NEW HORIZON PHARMACY DISCOUNT CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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CED 17 DN 2-1

6

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

	1	l .
ARTICLE I NAME: The name of the corporation is:		
NEW HORIZON Pharmacy Disc	ount	COR
ARTICLE II PRINCIPAL OFFICE:	14:)
The principal street address and mailing address is: 5034 SW 102 AVE MIAMI FL 33105	SEP 17 AM S	PICED .
	9: 2:1	
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Raul MICHEL Gonzalez	_	
Iglesias (PRESIDENT)	_	
V	_	1
	<u>: </u>	
	- · .	
	_	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	<u>S2</u>	
The name and Florida street address (PO Box not acceptable) of the registered agen	. 11	
ROUL MICHEL GONZOIEZ Iglesia	ردر	İ
miami FL 33165	-	
ROUL MICHEL GOOZGIEZ JOIES	ris:	ı
5634 (10) 102 011		
miami FL 33165		i I

H14000218308

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

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.