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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-9300

Fax Number : (305)485-1098

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# FLORIDA PROFIT/NON PROFIT CORPORATION U RX PHARMACY, INC.

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ARTICLES OF INCORPORATION

OF

U RX PHARMACY, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

# U RX PHARMACY, INC.

### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate

name:

URX PHARMACY, INC.

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## **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

SAJI SAMUEL 4451 NW 36 ST # 111 MIAMI SRINGS, FL. 33166

The principal office shall be:

4451 NW 36 ST # 111 MIAMI SRINGS, FL. 33166

CLARA GIRALDO P.A

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Integral Home Health Agency 3058843591 CLARA GIRALDO F.A

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# ARTICLEV

The initial Board of Directors shall consist of a total of THREE(03)persons, and the name and address of the person who is to serve as initial directors are:

SAJI SAMUEL 4451 NW 38 ST # 111 MIAMI SRINGE, FL. 33166 PRESIDENT

SECRETARY

OLGA CASADEVALLE 4451 NW 36 ST # 111 MIAMI SRINGS, FL, 23166

LUIS HERNANDEZ 4461 NW 36 ST # 111 MIAMI SRINGS, FL. 33166 TREASURER

The name and address of the incorporator executing these Artickis of incorporation is

> SAJI SAMUEL 4451 NW 36 ST # 111 MIAMI SRINGS, FL. 33166

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 24 day of MARCH, 2015.

CLARA GIRALDO P.A

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Integral Home Health Agency 3058843591 GLARA GIRALDO P.A PAGE 05

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Purewant to the provision of sections 807.0801 or 817.0501, Florida Statutes, the sundersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

U RX PHARMACY, INC.

2. The Name and Address of the registered agent and office is:

8aji Samuel 4461 NW 36 ST # 111 Miami Brings, FL, 93188

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE >

Dated: MARCH 24, 2015