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Division of Corporations

Florida Department of State

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To:

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

From:

Account Name : JOSEPH K. NOFIL, P.A.  
Account Number : I20000000215  
Phone : (954)753-0003  
Fax Number : (954)753-0031

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
OPTIMUM PHARMACEUTICAL SOLUTIONS, INC.**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION OF  
OPTIMUM PHARMACEUTICAL SOLUTIONS, INC.**

The undersigned Incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

**ARTICLE I - Name and Address:**

The name of the Corporation shall be:

**OPTIMUM PHARMACEUTICAL SOLUTIONS, INC.**

The address of the initial principal office of this corporation shall be 5055 Chardonnay Drive, Coral Springs, FL 33067 and the mailing address shall be the same.

**ARTICLE II - Nature of Business:**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or nation.

**ARTICLE III - Capital Stock:**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 per share, par value.

**ARTICLE IV - Registered Agent:**

The Street Address of the initial registered office of the corporation shall be 8217 West Atlantic Blvd., Coral Springs, Florida 33071, and the name of the initial registered agent of the corporation at that address shall be Joseph K. Nofil, P.A.

Prepared by:

Joseph K. Nofil, President  
Joseph K. Nofil, P.A.  
8217 West Atlantic Blvd.  
Coral Springs, FL 33071  
(954) 753-0003

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**ARTICLE V - Term of Existence:**

The corporation is to exist perpetually.

**ARTICLE VI - Officers and Directors:**

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until their successor is elected or appointed are:

Bassim Murad  
5055 Chardonnay Drive  
Coral Springs, FL 33067

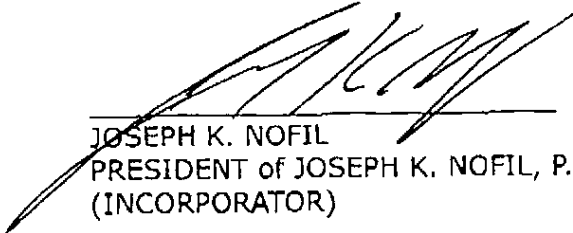
President  
Treasurer  
Secretary

**ARTICLE VII - Incorporator:**

The name and street address of the incorporator to these Articles of Incorporation is:

Joseph K. Nofil, P.A.  
8217 West Atlantic Blvd.  
Coral Springs, FL 333071

IN WITNESS WHEREOF, the undersigned has hereunto set his hand, on this 1st day of April, 2021.

  
\_\_\_\_\_  
JOSEPH K. NOFIL  
PRESIDENT of JOSEPH K. NOFIL, P.A.  
(INCORPORATOR)

Prepared by:

Joseph K. Nofil, President  
Joseph K. Nofil, P.A.  
8217 West Atlantic Blvd.  
Coral Springs, FL 33071  
(954) 753-0003

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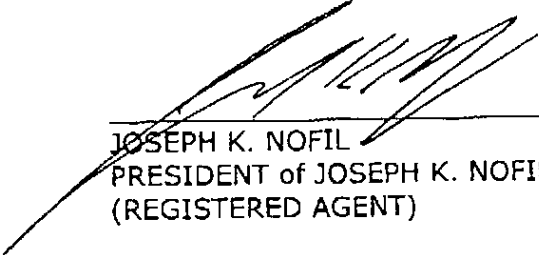
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**ARTICLE VIII - Code Section 1244 Stock**

All stock issued by this corporation shall be deemed to be small business stock as defined by Internal Revenue Code Section 1244.

**ARTICLE IX - Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as registered agent for said Corporation.

  
\_\_\_\_\_  
JOSEPH K. NOFIL  
PRESIDENT of JOSEPH K. NOFIL, P.A.  
(REGISTERED AGENT)

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Prepared by:

Joseph K. Nofil, President  
Joseph K. Nofil, P.A.  
8217 West Atlantic Blvd.  
Coral Springs, FL 33071  
(954) 753-0003

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

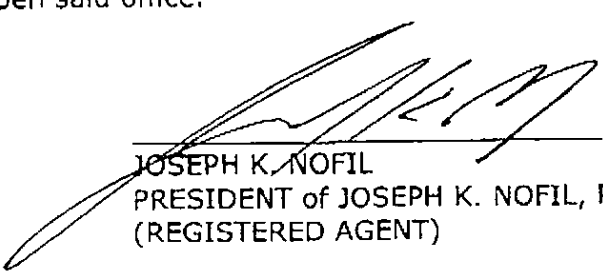
In pursuance of Chapter 607.34 Florida Statutes, the following is  
submitted, in compliance with said Act:

First That **OPTIMUM PHARMACEUTICAL SOLUTIONS, INC.**

desiring to organize under the laws of the State of Florida with its principal  
office, as indicated in the articles of incorporation at the City of Coral Springs,  
County of Broward, State of Florida has named Joseph K. Nofil, P.A., located  
at 8217 West Atlantic Blvd., City of Coral Springs, County of Broward, State  
of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated  
corporation, at place designated in this certificate. I hereby accept to act in  
this capacity, and agree to comply with the provision of said Act relative to  
keeping open said office.

  
JOSEPH K. NOFIL  
PRESIDENT of JOSEPH K. NOFIL, P.A.  
(REGISTERED AGENT)

Prepared by:

Joseph K. Nofil, President  
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Coral Springs, FL 33071  
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