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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 24 AM 10:36

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400001955294
-09/24/96-01159-013 122.50 122.50

SUBJECT: Medcare Pharmacy, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☒ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: OcTavio Carbonell
Name (printed or typed)

9870 SW 80 DR
Address

Miami FL 33173
City, State & Zip

Octavio Carbonell (305) 279-6127
Daytime Telephone number

AUTHORIZATION BY PHONE TO
CORRECT Corp. Name.
DATE 9/25/96
DOC EXAM Doris Brown

NOTE: Please provide the original and one copy of the articles.

D. BROWN SEP 26 199

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Medcare + Pharmacy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9870 SW 80 DR
Miami FL 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares of Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Octavio Carbonell
9870 SW 80 DR
Miami FL 33173

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

OCTAVIO CARBONELL - PRESIDENT 9870 SW 80 DR,
ALEXANDER FERNANDEZ- V.P. 9870 SW 80 DR

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of SEPTEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: Medcare Pharmacy, Inc.

2. The name and address of the registered agent and office is:

Octavio Carbonell
(NAME)

9870 SW 80 Ct
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami FL 33173
(CITY/STATE/ZIP)

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)

9/14/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314