

9700003/809

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

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****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Pharmalife Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 4/8 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 APR -8 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FL 32301

RECEIVED
97 APR -8 AM 11:00
DIVISION OF CORPORATION

H/8

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
PHARMALIFE CORP.**

The undersigned, acting as Incorporator of a Florida corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation.

ARTICLE I

NAME

The name of the Corporation is Pharmalife Corp.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1041 S.E. 17th Street, Fort Lauderdale, Florida 33316.

ARTICLE III

CAPITAL STOCK

The Corporation is authorized to issue 1,000 shares of Common Stock with a par value of \$.001.

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:
IRA C. HATCH, 1041 S.E. 17th Street, Fort Lauderdale, FL 33316.

FILED
97 APR -8 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V

INCORPORATOR

The name and address of the person signing these Articles is:

<u>Name</u>	<u>Address</u>
IRA C. HATCH	1041 S.E. 17th St. Fort Lauderdale, FL 33316

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 7th day of April, 1997.



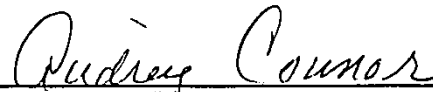
IRA C. HATCH, INCORPORATOR

STATE OF FLORIDA

COUNTY OF BROWARD

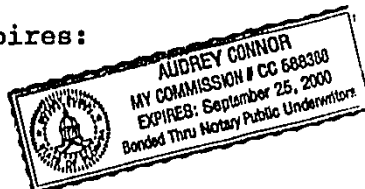
BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County set forth above, personally appeared IRA C. HATCH, personally known by me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 7th day of April, 1997.



Notary Public

My commission expires:



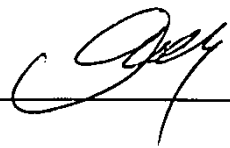
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: Pharmalife Corp.
2. The name and address of the Registered Agent and office is:

IRA C. HATCH
1041 S.E. 17th Street
Fort Lauderdale, FL 33316

Signature: _____



Title: Incorporator

Date: April 7, 1997

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: _____

IRA C. HATCH

Date: April 7, 1997



STATE OF FLORIDA
ALLIANCE FOR FLORIDA

97 APR -8 PM 3:01

FILED

[PHARM. ART]