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4/29/97

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FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: LATIN PHARMACY INC.

AUDIT NUMBER..... H97000006961

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

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# ARTICLES OF INCORPORATION OF

#### LATIN PHARMACY INC.

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

### **ARTICLE I NAME**

The name of the corporation shall be: LATIN PHARMACY INC.

The principal place of business of this corporation shall be:

1550 S.W. 1st St., Suite 20 Miami, Fl 33135

# ARTICLE II NATURE OF BUSINESS

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

## ARTICLE III CAPITAL STOCK

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

100 Shares at \$1,00 Par Value.

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

William Chavez Sr. 2111 S.W. 16th Terrace Miami, Fl 33145

William Chavez Jr. 2111 S.W. 16th Terrace Miami, Fl 33145

Prepared by: William Chavez Jr. 1550 S.W. 1st St. Suite 20 Miami, Fl 33135 (305) 643-8743 FILEIU

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# ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

William Chavez Jr. 2111 S.W. 16th Terrace Miami, Fl 33145

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this <u>28th</u>, day of April \_\_,1997.

Signature(s) of incorporator(s)

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:			
LATIN PHARMACY INC.			
2. The name and address of the registered agent and of	fice is	:	
William Chavez Jr. 1550 S.W. 1st St., Suite 20 (P.O. BOX NOT ACCEPTABLE)			
Miami, Fl 33135 (CITY/STATE/ZIP)			<del></del>
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO FACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

> SIGNATURE Z 04/28/97

DATE\_