

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. INTERNATIONAL RX PLUS, INC.  
(Corporation Name) (Document #) 100002711321

2. \_\_\_\_\_  
(Corporation Name) (Document #) -12/14/98--01051--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ 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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 14, 1998

LAZARUS

MIAMI, FL

SUBJECT: INTERNATIONAL RX PLUS, INC.  
Ref. Number: W98000027924

We have received your document for INTERNATIONAL RX PLUS, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved entity. The name of a voluntarily dissolved Florida entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, executed pursuant to section 607.0120 or 608.408, Florida Statutes, permitting the immediate assumption or use of the name by another entity.

If the document is resubmitted, please return a copy of this letter to ensure your document is properly handled.

If you have any further questions regarding the availability of a particular name, please call (904) 488-9000.

The Voluntarily Dissolved Corporation must provide an AFFIDAVIT stating that they will not revoke the dissolution. An OFFICER/DIRECTOR of the dissolved corporation MUST SIGN. If no officer/director, an INCORPORATOR must sign the AFFIDAVIT.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

CLoria Poole  
Corporate Specialist

Letter Number: 198A00058859

December 18, 1998

Department of State:

I, Tony Novoa hereby release the name International Rx Plus Inc. since I have no intentions of revocation.


Thank you,

  
Tony Novoa

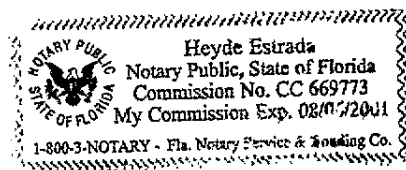
On this 18<sup>th</sup> day of December, 1998.

Appear TONY NOVOA.

Personally Known to me ☒

Notary Public Signature 

Seal:



## 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:  
International RX Plus, Inc

FILED  
98 DEC 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
18813 S.W. 114 Ave  
Miami, Fl 33157

### ARTICLE III SHARES

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

100% @ \$1.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gilberto Alfonso  
18813 S.W. 114 Ave  
Miami, Fl 33157

**ARTICLE V INCORPORATOR(S)**

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

Gilberto Alfonso  
18813 S.W. 114 Ave.  
Miami, FL 33157

**ARTICLE VI DIRECTOR(S)**

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

Gilberto Alfonso - President 50%  
18813 S.W. 114 Ave  
Miami, FL 33157

Mercy Valle - Vice - President 50%  
18813 S.W. 114 Ave  
Miami, FL 33157

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of December, 1998.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: International Rx Plus, Inc.

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

Gilberto Alfonso

(NAME)

18813 S.W. 114 Ave

(P.O. BOX NOT ACCEPTABLE)

MIami, Fl 33157

(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

*Gilberto Alfonso*

DATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 DEC 21 AM 10:00

FILED

REGISTERED AGENT FILING FEE: \$35.00