

OFFICE USE ONLY (Document #)

LAFARUS 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

500002799485--9

-03/09/99--01063--021

*****78.75 *****78.75

OFFICE USE ONLY

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

1. Latin Pharmacy Discount, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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

FILED
99 MAR -9 PM 2:31
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

RECEIVED
99 MAR -9 AM 11:20
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

Examiner's Initials

Date MARCH 4, 1999

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re LATIN PHARMACY DISCOUNT, INC., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

LATIN PHARMACY DISCOUNT, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
3300 W. 84 ST., STE 11		
HIALEAH, FLORIDA 33018		
PHONE _____		
(305)	819-7899	_____
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

LATIN PHARMACY DISCOUNT, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

LATIN PHARMACY DISCOUNT, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	FERMIN PEREZ JR.		
ADDRESS	3300 W. 84 ST., STE 11		
CITY	HIALEAH	STATE	FLORIDA ZIP 33018

The principal office, if known, or the mailing address of the corporation is:

NAME	LATIN PHARMACY DISCOUNT, INC.		
ADDRESS	3300 W. 84 ST., STE 11		
CITY	HIALEAH	STATE	FLORIDA ZIP 33018

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	FERMIN PEREZ JR. PRESIDENT		
ADDRESS	3300 W. 84 ST., STE 11		
CITY	HIALEAH	STATE	FLORIDA ZIP 33018
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED
99 MAR - 9 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	FERMIN PEREZ JR.		
ADDRESS	3300 W. 84 ST., STE 11		
CITY	HIALEAH	STATE	FLORIDA
		ZIP	33018
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4 day of MARCH, 19 99

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

FERMIN PEREZ JR

Signature

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____ 19_____

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

LATIN PHARMACY DISCOUNT, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 3300 W. 84 ST., STE 11

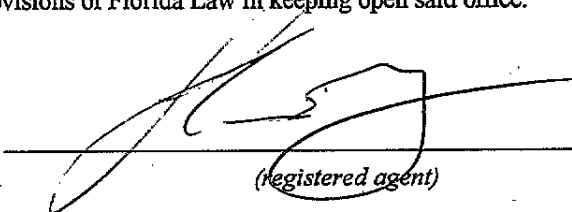
HIALEAH, FLORIDA 33018

has named FERMIN PEREZ JR

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAR -9 PM 2:31

FILED