

99000036911  
TRANSMITTAL LETTER

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

000002834306--3  
-04/09/99--01021--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Sarikon Pharma  
**SUBJECT:** CORPORATION  
(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 of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** MAGALY ESTHER RIVAS  
Name (Printed or typed)  
  
7865 CAMINO REAL STE. 1-202  
Address  
  
MIAMI FLORIDA 33143  
City, State & Zip  
  
(305) 595 4523  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
99 APR 22 PM 4:48

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

R. Purinton APR 13 1999



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

April 13, 1999

**MAGALY ESTHER RIVAS**  
7865 CAMINO REAL STE. 1-202  
MIAMI, FL 33143

**SUBJECT: ALPHAMEGA CORPORATION**  
Ref. Number: W99000008786

We have received your document for ALPHAMEGA CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

**PLEASE FILL OUT THE INFORMATION REQUESTED IN THE ARTICLES OF INCORPORATION. DO NOT LEAVE THE FORM BLANK.**

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6929.

Randall Purintun  
Document Specialist

Letter Number: 399A00018705

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### **ARTICLE I NAME**

The name of the corporation shall be:

SURGIKON PHARMA CORPORATION

### **ARTICLE II PRINCIPAL OFFICE**

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

4805 NW 79<sup>AV</sup> SUITE-4, MIAMI FL 33143

### **ARTICLE III SHARES**

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

ONE

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

MAGALY E. RIVAS

7865 CAMINO REAL #202

MIAMI FL 33143

### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:


MAGALY E. RIVAS

7865 CAMINO REAL #202

MIAMI FL 33143

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DIVISION OF CORPORATIONS

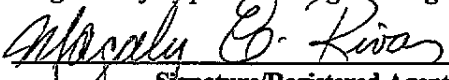
  
\_\_\_\_\_  
Signature/Incorporator

4/7/99

\_\_\_\_\_  
Date

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

*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/Registered Agent

4/7/99

\_\_\_\_\_  
Date