

OFFICE USE ONLY (Document #)

HAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002876614--1

-05/17/99--01011--014

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

OFFICE USE ONLY

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

1. I.V. SOLUTIONS PHARMACEUTICALS, 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

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
99 MAY 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAY 17 AM 8:21
DEPT OF CORPORATIONS
TALLAHASSEE FLORIDA
Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: I.V. SOLUTIONS PHARMACEUTICALS, INC.
(Proposed corporate name – must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: ELIZABETH PASCUAL
Name (printed or typed)
391 ARAGON AVE., SUITE 101
Address
CORAL GABLES, FL 33134
City, State & Zip
305-461-4040
Daytime Telephone number

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

ARTICLES OF INCORPORATION

99 MAY 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

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:

I.V. SOLUTIONS PHARMACEUTICALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

391 ARAGON AVENUE, SUITE 101
CORAL GABLES, FL 33134

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIZABETH PASCUAL
391 ARAGON AVENUE, SUITE 101
CORAL GABLES, FL 33134

ARTICLE V INCORPORATOR(S)

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

ELIZABETH PASCUAL
391 ARAGON AVE., SUITE 101
CORAL GABLES, FL 33134
(P, S)

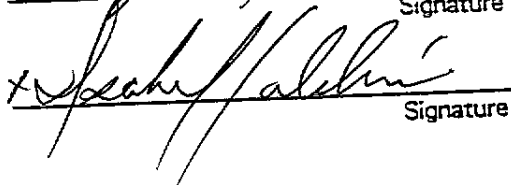
ISABEL CALDERON
391 ARAGON AVE., SUITE 101
CORAL GABLES, FL 33134
(VP, T)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3 day of MAY, 19 99.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: I.V. SOLUTIONS PHARMACEUTICALS,
INC.

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

ELIZABETH PASCUAL

(Name)

391 ARAGON AVE., SUITE 101

(P.O. Box not acceptable)

CORAL GABLES, FL 33134

(City/State/Zip)

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAY 14 PM 1:29

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.

Elizabeth Pascual
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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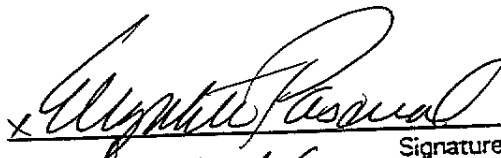
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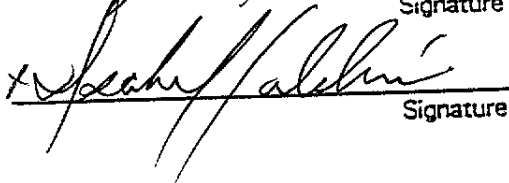
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Elizabeth Pascual
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