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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002920704--6

-07/01/99-01046-021

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. TROPICAL 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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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TALLAHASSEE FLORIDA

Examiner's Initials

## 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:  
TROPICAL PHARMACY & DISCOUNT INC.

### ARTICLE II PRINCIPAL OFFICE

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

8157 SW 40 STREET  
MIAMI, FL 33155

### ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES OF ONE DOLLAR (\$1.00) PER VALUE  
COMMON STOCK.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANCISCO L. VALCARCE, JR.  
14124 SW 45 TERRACE  
MIAMI, FL 33175

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TALLAHASSEE FLORIDA

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ARTICLE V INCORPORATOR(S)

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

FRANCISCO L. VALCARCE, JR.  
14124 SW 45 TERRACE  
MIAMI, FL 33175

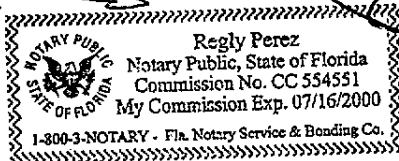
ARTICLE VI DIRECTOR(S)

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

PRESIDENT - FRANCISCO L. VALCARCE, JR.  
14124 SW 45 TERRACE MIAMI, FL 33175

VICE-PRESIDENT - ALINA ACOSTA  
4525 SW 89 AVENUE MIAMI, FL 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29th day of June, 1999.



Francisco L. Valcarce  
Signature  
Alina Acosta  
Signature  
\_\_\_\_\_  
Signature

PERSONALLY KNOWN \_\_\_\_\_  
PRODUCED IDENTIFICATION \_\_\_\_\_  
TYPE I.D. PRODUCED \_\_\_\_\_  
PERSONALLY KNOWN ✓  
PRODUCED IDENTIFICATION \_\_\_\_\_  
TYPE I.D. PRODUCED \_\_\_\_\_

Articles of Incorporation  
Filing Fee - \$35

**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: TROPICAL PHARMACY & DISCOUNT INC.
2. The name and address of the registered agent and office is:

FRANCISCO L. VALCARCE, JR.  
(NAME)

14124 SW 45 TERRACE  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33175  
(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

*Francisco L. Valcarce*

DATE

06/29/99

REGISTERED AGENT FILING FEE: \$35.00

**FILED**  
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OF FLORIDA