

Transmittal Letter

Department of State
Division of Corporation
P O Box 6327
Tallahassee FL 32314

Subject: CLINI-PHARM, INC

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

- () \$70.00 Filing Fee
- ☒ \$78.50 Filing Fee & Certificate
- () \$122.50 Filing Fee & Certified Copy
- () \$131.25 Filing Fee, Certified Copy & Certificate

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*****78.50 *****78.50

From:

Mandath M. Seetaram
5763 East Ellis Hollow Road
Lake Worth, FL 33463
Ph: (561)-966-4185

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99 SEP -7 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-14
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Article 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 Incorporations.

Article I Name

The name of the corporation shall be:

Clini-Pharm, Inc

Article II

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

5763 East Ellis Hollow Road
Lake Worth, FL 33463

Article III Shares

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

500 common

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Mandath M. Seetaram
5763 East Ellis Hollow Road
Lake Worth, FL 33463

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TALLAHASSEE, FLORIDA

Article V Incorporators(s)

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

Mandath M. Seetaram
5763 East Ellis Hollow Road
Lake Worth, FL 33463

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

1st day of September 19 99.

Signature:

Mandath M. Seetaram, Chairman
Mandath M. Seetaram

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: CLINI-PHARM, INC.

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

MANDATH M. SEETARAM
(Name)

5763 EAST ELLIS HOLLOW ROAD
(P.O. Box ~~not~~ acceptable)

LAKE WORTH FL 33463
(City/State/Zip)

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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.

Mandath M. Seetaram
(Signature)

09/01/99
(Date)