

P990000811S3

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200002986132--3

-09/14/99--01003--008

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

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

1. Pharmatife International Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9/14 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

99 SEP 13 AM 9:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 13 PM 4:29  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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

Examiner's Initials gjc

ARTICLES OF INCORPORATION  
OF  
PHARMALIFE INTERNATIONAL CORP.

The undersigned, acting as Incorporator of a Florida corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation.

ARTICLE I

NAME

The name of the Corporation is PHARMALIFE INTERNATIONAL CORP.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 983 NORTH NOB HILL ROAD, PLANTATION, FLORIDA 33324.

ARTICLE III

CAPITAL STOCK

The Corporation is authorized to issue 1000 shares of Common Stock with a par value of \$.001.

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:  
ORALIA RIOS, 983 NORTH NOB HILL ROAD, PLANTATION, FLORIDA 33324.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V

INCORPORATOR(S)

The name and address of the person signing these Articles  
is:

<u>Name</u>	<u>Address</u>
ORALIA RIOS	983 NORTH NOB HILL ROAD PLANTATION, FLORIDA 33324.

IN WITNESS WHEREOF, the undersigned has executed these  
Articles of Incorporation this 3<sup>rd</sup>. day of September, 1999.



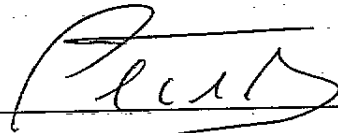
ORALIA RIOS, INCORPORATOR

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, authorized to take  
acknowledgments in the State and County set forth above,  
personally appeared ORALIA RIOS, personally known by me and known  
to me to be the person who executed the foregoing Articles of  
Incorporation, and he acknowledged before me that he executed  
these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
my official seal in the State and County aforesaid, this 3rd day  
of September, 1999.



Notary Public

My commission expires:



PABLO A. MARULANDA  
COMMISSION # CC 532238  
EXPIRES APR 03, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of section 607.0501, 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:

**PHARMALIFE INTERNATIONAL CORP.**

2. The name and address of the Registered Agent and is:


ORALIA RIOS  
983 NORTH NOB HILL ROAD  
PLANTATION, FLORIDA 33324.

Signature: 

Title: Incorporator

Date: September 3rd, 1999

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: 

ORALIA RIOS

Date: September 3<sup>rd</sup>, 1999.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA