

Charter Number Only

10/19/99  
P900087370

Requester's Name

Address

City

State

ZIP

Phone

VERIFICATION ONLY

500003003685--4  
-10/04/99--01045--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Alfa Care Therapeutics, Inc.

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership  
☐ Reinstatement

☐ Annual Report  
☐ Reservation

☐ Other  
☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready  
☒ Walk In

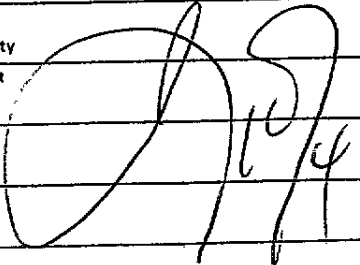
☐ Call If Problem

☐ After 4:30

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

cert. copy

99 OCT -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
ALLAHASSEE, FLORIDA  
99 OCT -4 AM 10:04  
RECEIVED

FILED  
Empire Toll Free: 1-800-432-3028

# ARTICLES OF INCORPORATION

of

ALFA CARE THERAPEUTICS, INC.  
(name of corporation)

FILED  
99 OCT -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALFA CARE THERAPEUTICS, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares ( 1,000 ) of ONE Dollar(s) ( \$ 1.00 ) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>JAIME H. MIRANDA</u>		
ADDRESS	<u>6181 SERENE RUN</u>		
CITY	<u>LAKE WORTH</u>	FLORIDA	ZIP <u>33467</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>JAIME H. MIRANDA</u>		
ADDRESS	<u>6181 SERENE RUN</u>		
CITY	<u>LAKE WORTH</u>	FLORIDA	ZIP <u>33467</u>

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

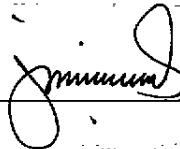
NAME	<u>JAIME H. MIRANDA</u>		
ADDRESS	<u>6181 SERENE RUN</u>		
CITY	<u>LAKE WORTH</u>	STATE	<u>FLORIDA</u> ZIP <u>33467</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>JAIME H. MIRANDA</u>		
ADDRESS	<u>6181 SERENE RUN</u>		
CITY	<u>LAKE WORTH</u>	STATE	<u>FLORIDA</u> ZIP <u>33467</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1 day of October, 1999.

 (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

ALFA CARE THERAPEUTICS, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

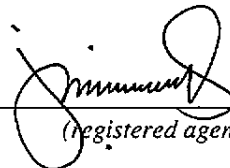
at 6181 SERENE RUN, LAKE WORTH, FLORIDA 33467

has named JAMIE H. MIRANDA

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

  
(registered agent)

FILED  
99 OCT -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA