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(Requestor's Name)

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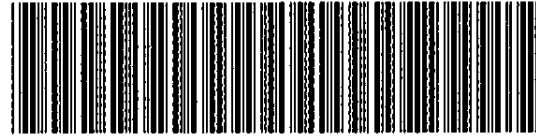
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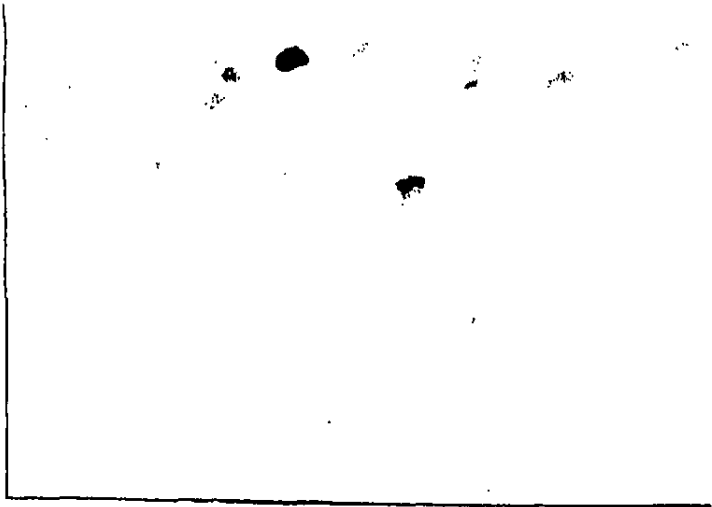
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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

PHARMA GROUP USA INC.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

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Certificate of Status

ARTICLES OF INCORPORATION

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13 OCT 16 AM 10:11

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:

PHARMA GROUP USA INC.

ARTICLE II – PRINCIPAL OFFICE

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

**1282 NE 163RD ST,
N. MIAMI BCH , FL 33162**

ARTICLE III – SHARES

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

500

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**HAZEM RIFAI
1282 NE 163RD ST,
N. MIAMI BCH , FL 33162**

=ARTICLE V- INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

**HAZEM RIFAI
1282 NE 163RD ST,
N. MIAMI BCH , FL 33162**

**The undersigned incorporator has executed these Articles of incorporation
This 10TH day of OCT , 2013**

x Hazem Rifai

Signature

ARTICLES VI – DIRECTOR(S)

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

- 1. HAZEM RIFAI (PRESIDENT)**
- 2. SUBHIYAHYA ABUSHAMI (VP)**
- 3. KAZEM RIFAI (DIRECTOR)**
- 4. JAWAD T. ZABADI (DIRECTOR)**
- 5. MARCUS T. SCHLEY (DIRECTOR)**
- 6. IBRAHIM KHADER (DIRECTOR)**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

x Hazem Rifai

Registered Agent Signature