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To:

Division of Corporations Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 : (305)599-0839 Phone Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

VORTEX PHARMACEUTICAL, INC.

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ARTICLE OF INCORPORATION OF Vortex Pharmaceutical, Inc.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

. ARTICLE ONE

THE NAME OF THE CORPORATION: Vortex Pharmaceutical, Inc.

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL

ARTICLE THREE

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED ARE:

- 1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFITT. BUSINESS CONNECTED Wholesale
- 2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINESS.
- 3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1,00 Propared by Brito & Brito Accounting, Inc., 407 Lincoln Road, Suite 5B Miami Beach, Florida 33139

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE OF THE CORPORATION IS: Alejandra Collazo, MD AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS: 2635 SW 78 Court Miami, FL. 33155.

ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS two (2) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

PRESIDENT: Alejandra Collazo, MD 2635 SW 78 Court Miami, Fl. 33155. VICE PRESIDENT: Odelys Alfaro 2635 SW 78 CT. Miami, Fl. 33155. SECRETARY:

TREASURER:

ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS: Alejandra Collezo, MD 2635 SW 78 CL Miami, FL. 33155 OF, THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT MIAMI, FLORIDA THIS date OF October 07, 2003.

INCORPORATOR Alejandra Collazo, MD

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE,
PERSONALLY APPEARED Alejandra Collego, MD AND KNOWN BY ME TO BE
THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF

INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION. IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON Date DAY OF October 07, 2003.

NOTARY PUBLIC STATE OF FLORIDA COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

REGISTERED AGENT Alejandra Collazo, MD

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE,
PERSONALLY APPEARED Alejander Collazo, MD KNOWN TO BE AND KNOWN
BY ME TO EXECUTE THE FOREGOING ACCEPTANCE BY REGISTERED
AGENT, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT
ACCEPTANCE ON Date DAY OF October 07, 2003.

NOTARY PUBLIC STATE OF FLORIDA

COMMISSION EXPIRES