

N 14 000 00 5503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

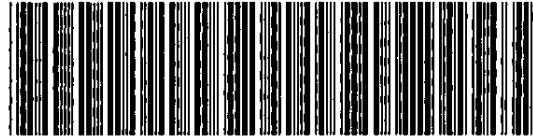
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/14--01011--001 **70.00

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14 JUN -4 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/11
ms

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
14 JUN -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MariHealth Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Carlos Hernandez

Name (Printed or typed)

19101 SW 59 St.

Address

Southwest Ranches, FL 33332

City, State & Zip

954-290-4773

Daytime Telephone number

carloshz@bellsouth.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MariHealth Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
19101 SW 59 St. Southwest Ranches, FL 33332

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized to promote and help fulfill a healthy lifestyle for it's members.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

All directors will be appointed by the President of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Hernandez, President

Address: 19101 SW 59 St.
Southwest Ranches, FL 33332

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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14 JUN -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carlos Hernandez
Address: 19101 SW 59 St.
Southwest Ranches, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Hernandez
Address: 19101 SW 59 St.
Southwest Ranches, FL 33332

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

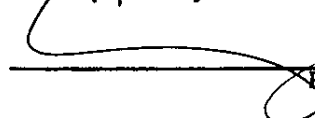


Required Signature of Registered Agent

6/2/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

6/2/14

Date