

PO1000046724

TRANSMITTAL LETTER

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

0000004137410--9  
-05/04/01--01107--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject. The Incorporation **Marino Healthcare, Inc.**

Enclosed is an original and One (1) copy of the articles of incorporation and a check

- ☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate  
☐ \$122.50 Filing Fee & Certified Copy  
☐ \$131.25 Filing Fee, Certified Copy and

From:

**Fara Marino**

**1341 NW 96 Avenue**

**Plantation**

**FL**

**33322**

**954-424-4331**

FILED  
01 MAY -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the

5-10-01  
WCC

**Articles of Incorporation  
Of**

**Marino Healthcare, Inc.**

*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

**Marino Healthcare, Inc.**

**Article II - Principal Office**

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

Business Address:

Address: **1341 NW 96 Avenue**

City: **Plantation**

State: **FL** Zip: **33322**

Mailing Address:

Address: **1341 NW 96 Avenue**

City: **Plantation**

State: **FL** Zip: **33322**

**Article III - Shares of Company Stock**

The number of shares of stock that this corporation is authorized to issue is,

**1000 Shares, No Par Value.**

**Article IV - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

Name: **Fara Marino**

Address: **1341 NW 96 Avenue**

City: **Plantation**

State: **FL** Zip: **33322**

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TALLAHASSEE, FL

**Article V - Incorporator(s)**

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

Name: **Fara Marino**

Address: **1341 NW 96 Avenue**

City: **Plantation**

State: **FL** Zip: **33322**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

**16th** day of **April**, **2001**

*Fara Marino*

Signature

Signature

Signature

Signature

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

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

1. The name of the corporation **Marino Healthcare, Inc.**

2. The name and address of the registered agent and

Name: **Fara Marino**

Address: **1341 NW 96 Avenue**

City: **Plantation**

State: **FL** Zip: **33322**

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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.

*Fara Marino*

Signature

**4/17/01**

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Designation of Registered Agent Fee \$35.00