

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MARV HEALTH CARE SOLUTIONS
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 26 PM 2:56

DIVISION OF CORPORATION

02 FEB 26 PM 12:45

FILED

RECEIVED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

400005021724--5
-02/26/02--01067--017
*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

OF

MARV HEALTH CARE SOLUTIONS, 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 be:

MARV HEALTH CARE SOLUTIONS, INC.

FILED
02 FEB 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7463 SW 21 Street Rear
Miami, Florida 33155

ARTICLE III CAPITAL STOCK

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

60 Shares per \$10.00 ea. as per value
the amount of capital is not less than
Six Hundred Dollars (\$ 600.00)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Maylen Fune
386 West 43 Street
Hialeah-Florida 33016



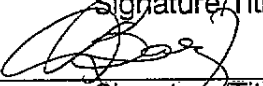
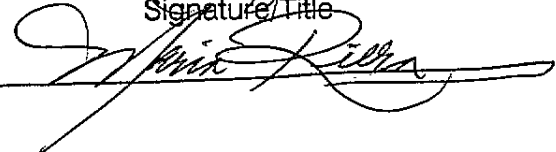
ARTICLE V INCORPORATOR(S)

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

Maylen Fune	386 West 43 Street Hialeah, Florida 33016	President
Veronica Leis	12960 SW 108 Street Miami, Florida 33186	Vice-President
Alina Crespo	4376 SW 14 Street Miami, Florida 33134	Secretary
Maria Riera	14039 SW 91 Terrace Miami, Florida 33186	Treasury

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

14 day of February, 2002

	_____ Signature/Title	President
	_____ Signature/Title	Vice-President
	_____ Signature/Title	Secretary
	_____ Signature/Title	Treasury

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: _____
MARV HEALTH CARE SOLUTIONS, INC

2. The name and address of the registered agent and office is:

Maylen Fune
(NAME)
386 West 43 Street
(P.O. BOX NOT ACCEPTABLE)
Hialeah, Florida 33016
(CITY/STATE/ZIP)

SIGNATURE _____
(corporate officer)

TITLE Secretary

DATE February 14, 2002

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.

SIGNATURE _____

DATE February 14, 2001

02 FEB 26 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED