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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT	NUMBER(S), (if known):
1. MAR HEALTH SER	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
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4. (Corporation Name)	(Document #)
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NEW FILINGS AM	MENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
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Other	Merger
OTHER FILINGS RE	EGISTRATION/QUALIFICATION
☐ Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other
CR2E031/7/97)	Examiner's Initials

ARTICLES OF INCORPORATION

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 1 - NAME

The name of the corporation shall be:

MAR HEALTH SERVICES INC

ARTICLE II - PRINCIPAL OFFICE

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

515 SW 102 AVE MIAMI FLA 33174

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANK ROMERO 2432 SW 128 AVE MIAMI FLA 33175

ARTICLE V - INCORPORATOR

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

MARILU ROMERO

515 5W 102 AUG MANNI, FE. 33175

The undersigned incorporator has executed these Articles of incorporation this 31st day of MARCH 2006

Signature

ARTICLE VI- DIRECTOR(S)

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

MARILU ROMERO (P) 515 SW 102 AVE MIAMI FLA 33175

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.

Registered Agent Signature

SECRETARY OF STATE OR APPRIL AM 10: 29