

06/03/2033 06:32

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 23 AM 8:04

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FLORIDA PROFIT/NON PROFIT CORPORATION
M.A.R. MENTAL HEALTH SERVICES INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME: The name of the corporation is:M.A.R. mental health Services inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1541 Salvatierra Drive
Coral Gables, FL 33134**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maria A. Rodil (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

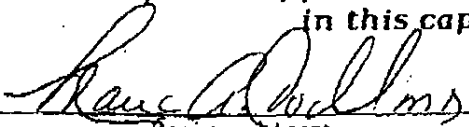
Maria A. Rodil
1541 Salvatierra Drive
Coral Gable FL 33134**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria A. Rodil
1541 Salvatierra Drive
Coral Gables, FL 33134

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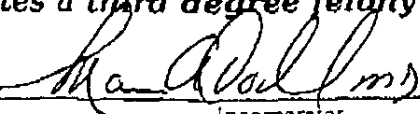
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Required Signatures:

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

 7/23/15
Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 7/23/15
Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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