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(Requestor's Name)					
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(Document Number)					
Certified Copies	Certificates	of Status			
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16 HAY -9 PH 12: 40
SECRETARY OF SHAFE

1/4

COVER LETTER

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

SUBJECT: FRIENI	DLY HEALTH INSURANCE INC		
sebelet.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: MA	ARIA E RUIZ Nam	e (Printed or typed)	
775	0 SW 117TH AVE SUITE 201D		
		Address	
MIA	AMI FLORIDA 33183		
	City	, State & Zip	
305	595-2407		
	Daytime T	Selephone number	
MA	RIAQUIROS9@HOTMAIL.COM		
	E-mail address: (to be use	d for future annual report	notification)

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

FILED

16 MAY -9 PH 12: 40

SECRETARY OF STATE TALLAHASSEE FLORIDA

April 30, 2016

Department of State New Filing Section Division of Corporations P. O Box 6327 Tallahassee, Florida 32314

Re: P11000046197

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Raisa Perdomo

JOSE L. RUIZ

Notary Public - State of Florida Commission # FF 938168 My Comm. Expires Nov 22, 2019 Bonded through National Notary Assn.

FILED

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

ARTICLE I NAME	EDIENDI V HEATTH INCH	DANCE INC	16 MAY -9 PH 12: 40
The name of the corporat	ion shall be:	MARIOL INC	SECRETARY OF STATE
ARTICLE II PRINC			TALLAHASSEE FLORIDA
631 NW 132 PLACE	Principal <u>street</u> address	Mailin 7750 SW 117T	g address, if different is: H AVE SUITE 201D
MIAMI FLORIDA 331	82	MIAMI FLOR	
WIAWII LORIDA 3310			
ARTICLE III PURPO The purpose for which the	<u>ANY ANI</u> are corporation is organized is:	ALL LEGAL PURPOSI	ES
• •	· · · · · · · · · · · · · · · · · · ·		
	100 A		
	<u> </u>		
	L OFFICERS AND/OR DIRECTORS RAISA PERDOMO, PRESIDENT	Name and Title:	
Address	631 NW 132ND PLACE		
71001033	MIAMI FLORIDA 33182		
	- 1		
			
Name and Title		Name and Title:	
Address		Address:	
Name and Title		Name and Title:	
Address		Address:	

FILED

Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: RAISA PERDOMO Address: MIAMI FLORIDA 33182 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARISA PERDOMO Address: AISA PERDOMO Address: AISA PERDOMO Address: AISA PERDOMO Address: ARISA PERDOMO (OPTIONAL) (If an effective date, if other than the date of filing: Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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/Registered Agent 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 x 817.155, F.S. Equired Signature/Incorporator	Name a	nd Title:	Name and Title:	- 10 THT - 9 PH 12: 40
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