P17000079149

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000260068 3)))

H17000260068ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

17 OCT -3 PM 4:33
RECEIVED
TALLAHASSEE, FLORIDA

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARI HEALTH SERVICE INC

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

RECEIVED
17 OCT -3 PM 3:44
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

N. SAMS
OCT 04 2017

Electronic Filing Menu Corporate Filing Menu Help

H17000260068

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Mari Health Service INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

15267 SW 40th terrace
Miami FL 33185

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maribel Polanco (P)
15267 SW 40th terrace
Miami FL, 33185

17 OCT -3 PM 4:44

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARIBEL POLANCO
15267 SW 40th TERRACE
MIAMI FL 33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MARIBEL POLANCO
15267 SW 40th TERRACE
MIAMI FL 33185

H17000260068

H17000260068

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

Registered Agent — 10-3-17 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.

Incorporator — 10-3-17 Date

17 OCT -3 PM 4:44

H17000260068