

H230002957603

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RASI
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****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 MARU HEALTH INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME *MARU HEALTH INC.*

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address
3886 Cypress Manor Drive

Tampa FL, 33647

Mailing address, if different is:
8886 Cypress Manor Drive

Tampa FL, 33647

ARTICLE III PURPOSE*Medical services*The purpose for which the corporation is organized is: _____

_____**ARTICLE IV SHARES** *200*

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: *Yash Shravah - Director*

Name and Title: _____

Address *8886 Cypress Manor Drive*

Address: _____

Tampa FL, 33647

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yash Shravah
 Address: 8886 Cypress Manor Drive
Tampa FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yash Shravah
 Address: 8886 Cypress Manor Drive
Tampa FL 33647

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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

Yash Shravah 8/24/2023
 Required Signature/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.

Yash Shravah 8/24/2023
 Required Signature/Incorporator Date

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