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 : 12000000019
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:			

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FLORIDA PROFIT/NON PROFIT CORPORATIO	N
MARTIN HEALTH SUPPORT CORP	

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
MARTIN Health Support Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is
16024 SW 65 Terr, mami Aorida 33193
ARTICLE III SHARES: The number of shares of stock is:
- I and it of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS:
GREYS MARTIN Hernandez
CINEXS MARIIN Hernandez
THE STATE OF THE S
<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: ∞
The name and Florida street address (PO Box not accountable) of the
- GREYS MARTIN HERNANDEZ
16024 SW 65 Terr MIGHT Horida 33193
MIAMI, Aprida 33193
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
GREYS MARTIN HERNANDEZ.
Manu Marida 33192

EIN. 93 - 342 4471

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 Cate

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.



