

TRANSMITTAL LETTER

P98000086843

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -8 PM 2:43

SUBJECT: MargRey Medical Services Inc..
(Proposed corporate name - must include suffix)

300002659293--8
-10/08/98--01066--014
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Margarita Reyes-Morejon
Name (Printed or typed)
10471 SW 93 Terrace
Address
Miami, FL. 33176
City, State & Zip
(305) 596-4317
Daytime Telephone number

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

D. BROWN OCT - 9 1998

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MargRey Medical Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10471 SW 93 Terrace Miami, FL. 33176

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

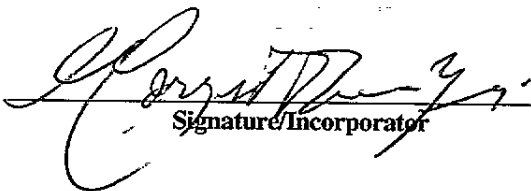
The name and Florida street address of the initial registered agent are:

Margarita Reyes-Morejon 10471 SW 93 Terrace Miami FL 33176

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

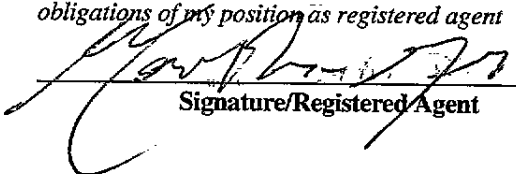
Margarita Reyes-Morejon 10471 SW 93 Terrace Miami FL 33176


Signature/Incorporator

10-5-98
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

10-5-98
Date