



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Marek Medical Group PA

SECTION II

It is incorporated under the laws of State: FL Country: US

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Marek Medical Group PA PC

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 8/26/2024

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 4155 DOW ROAD
UNIT J

City or Town: MELBOURNE State: FL Zip: 32934 Country: US

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE
SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN THE PROFESSION OF MEDICINE
THROUGH ITS LICENSED AGENTS, AND PERFORM ALL RELATED ACTIVITIES, INCLUDING
ANY OTHER LAWFUL ACTIVITIES NOT PROHIBITED.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KYON AMIEL HOOD	4155 DOW ROAD, UNIT J MELBOURNE, FL 32934 US
DIRECTOR	KYON AMIEL HOOD	4155 DOW ROAD, UNIT J MELBOURNE, FL 32934 US

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KYON AMIEL HOOD	4155 DOW ROAD, UNIT J MELBOURNE, FL 32934 US
DIRECTOR	KYON AMIEL HOOD	4155 DOW ROAD, UNIT J MELBOURNE, FL 32934 US

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0010	1,000.00

Signed this 4 Day of October, 2024 at 6:01:25 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By KYON AMIEL HOOD
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved

State of Florida

Department of State

I certify from the records of this office that MAREK MEDICAL GROUP PA is a corporation organized under the laws of the State of Florida, filed on August 26, 2024.

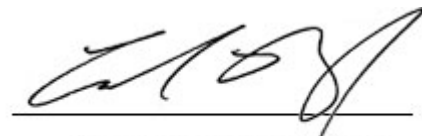
The document number of this corporation is P24000055200.

I further certify that said corporation has paid all fees due this office through December 31, 2024 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifth day of September, 2024*




Secretary of State

Tracking Number: 9960291470CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>