

**P/500065003**

Florida Department of State  
Division of Corporations  
Electronic Filings Worksheet

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.

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

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (950) 385-6735  
Fax Number : (954) 641-4192

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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: \_\_\_\_\_

15 Aug 3 PM 12:07

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Integrated Home Care Services, Inc.**

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

Electronic Filing Menu

Corporate Filing Menu

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08/03/2015 9:50AM FAX 9548414192

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Fax Server



July 31, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E-FILE, FILINGS, INC.

SUBJECT: INTEGRATED HOME CARE SERVICES, INC.  
REF: W15000052026

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000184702  
Letter Number: 415A00016178

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Integrated Home Care Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

15476 NW 77th Court #703, Miami Lakes FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health Care Services

**ARTICLE IV SHARES**

The number of shares of stock is:

- 1,000 Voting stocks at \$1.00 Par Value
- 1,000 Non Voting Stocks at \$1.00 Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

- Jorge A. Pereda, President
- Linda Mendez, Treasurer
- Linda Mendez, Secretary

**ARTICLE VI REGISTERED AGENT**

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

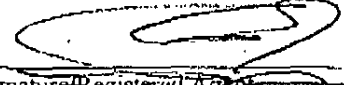
*Filings, Inc  
3732 NW 16 Street  
Fort Lauderdale, FL 33311*

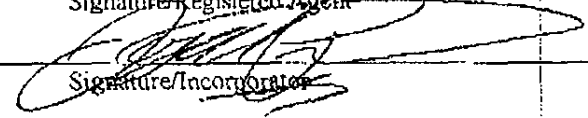
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jorge A. Pereda  
15476 NW 77th Court # 703  
Miami Lakes FL 33016

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

07-31-15  
Date

07/29/15  
Date

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 15 AUG -3 AM 7:47  
 STATE OF FLORIDA  
 COUNTY OF DADE