

*Attorneys at Law* 90 State Street Albany, New York 12207

Gerald Weinberg Lawrence A. Kirsch ...¥

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#### Re: INTEGRATED SENIOR SOLUTIONS, INC.

Dear Sir or Madam:

Department of State

Division of Corporations

Tallahassee, Florida 32399

409 East Gaines Street

Enclosed please find proposed Certificate of Incorporation of the above entitled corporation. Please file the original and return confirmation of the filing to this office in the prepaid Federal Express envelope enclosed.

Also enclosed please find my firm's check in the amount of \$70.00 as and for the filing fee in connection with the above.

Your prompt attention and consideration are greatly appreciated.

Very truly yours,

OCTOBER 19, 2000

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Lawrence A. Kirsch

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## ARTICLES OF INCORPORATION

## INTEGRATED SENIOR SOLUTIONS, INC.

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

## ARTICLE I NAME

The name of the corporation is INTEGRATED SENIOR SOLUTIONS, INC.

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: Two Hundred, (200), all of which shall be without par value.

#### ARTICLE IV TERMS OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V PRINCIPAL MAILING ADDRESS

The principal mailing address of the corporation shall be:

1325 South Congress Avenue Suite 200 Boynton Beach, Florida 33426

#### ARTICLE VI INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

Lawrence A. Kirsch 90 State Street Albany, New York 12207 IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 19th day of October, 2000.

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# CERTIFICATE DESIGNATING HEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

| ١. | The name of the corporation is:<br>Integrated Senior Solutions, Inc.                             |     | -<br>-<br>                                                                                                      |
|----|--------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|
| 2. | The name and address of the registered agent and office is:                                      |     |                                                                                                                 |
|    | 19195 Mystic Point Drive (Apt. 2710)                                                             |     |                                                                                                                 |
|    | (P. O. BOX NOT ACCEPTABLE)                                                                       |     | Ĭ                                                                                                               |
|    | Aventura, FL 33180                                                                               |     |                                                                                                                 |
|    | (CITY/STATE/ZIP)<br>SIGNATURE How Waturs<br>(Corporate Officer)<br>TITLE U-U.<br>DATE 10/16/2000 | • • | ուսությունը՝ ենցելու են |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PHINFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SUCTION 607.325 FLORIDA STATUTES.

| SIGNATURE  | Allalas            |  |
|------------|--------------------|--|
| SIGNATORIC | (Registered Agent) |  |
| DATE       | [3/16/200          |  |

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DEGISTERND AGENT FR HIG FEE: \$20.00