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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ISLAND STYLE SERVICES CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02 (3)
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight SEP - 4 2001

ARTICLES OF INCORPORATION
OF
Island Style Care Services Corporation

ARTICLE ONE

The name of the Corporation is Island Style Care Services Corporation.

ARTICLE TWO

The number of shares the corporation is allowed to issue is 1,000 with a 1.00 par value.

ARTICLE THREE

The street address of the initial registered office of the corporation is 3247 Buckrun Drive Brandon, FL 33511.

ARTICLE FOUR

The name and address of the incorporator is: Heidi Lewis 3247 Buckrun Drive Brandon, FL 33511.

ARTICLE FIVE

The mailing address of the initial principle office of the corporation is 3247 Buckrun Drive Brandon, FL 33511.

IN WITNESS WHEREOF, the undersign has executed these Articles of Incorporation.


Signature of Incorporator

8-30-01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of section 607.0501, 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.

1. The Name of the Corporation is:

Island Style Services Corporation

2. The name and address of the registered agent and office is:

**Heidi Lewis
3247 Buckrun Drive
Hillsborough County, Brandon, FL 33511**

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.


Heidi Lewis

Date

8-30-01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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