

PO9000012760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

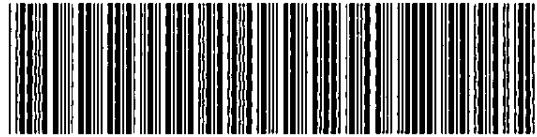
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/10/09

COVER LETTER

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

SUBJECT: Integrated Services of South Florida, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Avalon Accounting Inc
Name (Printed or typed)

1590 University Dr Suite 115
Address

Coral Springs Fl 33071
City, State & Zip

954 345 4648
Daytime Telephone number

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

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 Services Of South Florida , Inc.

Article II Principle Office

The principle place of business/mailling address is: 1898 W Hillsboro Blvd Ste H
Deerfield Beach, Fl. 33442

Article III Purpose

The purpose for which the corporation is organized is: Health Care Service

Article IV Shares

The number of shares of stock is: Five Hundred Shares Of Stock at One Dollar Par Value

Article V Initial Officers/Directors

The name(s),address(s) and title(s)

Hope Fine
1898 W Hillsboro Blvd Ste H
Deerfield Beach Fl. 33442

Article VI Registered Agent

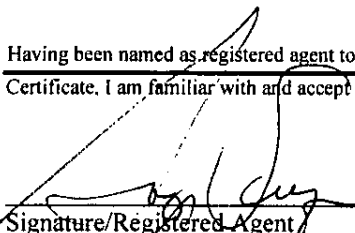
The name and Florida address of the registered agent is: Gary Kaufman
1898 W Hillsboro Blvd Ste H
Deerfield Beach Fl. 33442

Article VII Incorporator

The name and address of the Incorporator is:

Gary Kaufman
1898 W Hillsboro Blvd Ste H
Deerfield Beach Fl. 33442

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 appointed as registered agent and agree to act in this capacity


Signature/Registered Agent

1-6-09
Date


Signature/Incorporator

1-6-09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA