

4/27/2015

Division of Corporations

**P15 000037756**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
IH PUBLIC SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*4/27/2015*

TAL...

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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: IH PUBLIC SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 101 SW 58 CT  
MIAMI, FL 33144  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title: ISABEL M. HERNANDEZ (PSD) Name and Title: \_\_\_\_\_  
Address: 101 SW 58 CT Address: \_\_\_\_\_  
MIAMI, FL 33144

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(conti.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: ISABEL M. HERNANDEZ

Address: 101 SW 58 CT  
MIAMI, FL 33144

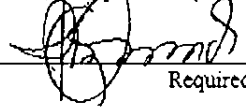
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISABEL M. HERNANDEZ

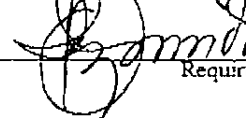
Address: 101 SW 58CT  
MIAMI, FL 33144

*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*

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

04/24/2015  
 \_\_\_\_\_  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

04/24/2015  
 \_\_\_\_\_  
 Date