

P/6000042450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

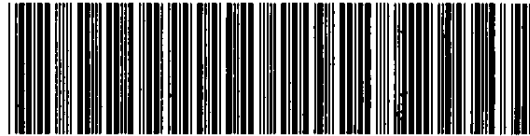
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/16--01038--005 **78.75

FILED
SECRETARY OF STATE
16 MAY -9 AM 11:20
REGISTRATION

EFFECTIVE DATE 05/24/16

h 05/17/16

COVER LETTER

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

SUBJECT: I & B HOME HEALTH SVS 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: IONIE BARRETT
Name (Printed or typed)

3188 NW 43RD STREET
Address

LAUDERDALE LAKES, FLORIDA 33309
City, State & Zip

(954) 865-3540
Daytime Telephone number

YONIE1234@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FIN: 81-2124330

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)

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16 NOV 19 AM 11:20

ARTICLE I NAME
The name of the corporation shall be: I & B HOME HEALTH SVS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
3188 NW 43RD STREET _____
LAUDERDALE FL. 33309 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS INCLUDING PRIVATE HOME HEALTH AIDES FOR IN HOME OR TRAVELING SPECIAL NEEDS CLIENTS UTILIZING DIRECT PAYMENTS OR PRIVATE REIMBURSEMENTS. MODIFYING EXISTING FORECLOSURES HOUSES FOR THE ESTABLISHMENT OF Assisted Living Facilities TO SERVICE GROWING ELDERLY & DISABLED PATIENTS.

ARTICLE IV SHARES
The number of shares of stock is: 12500000@\$0.013

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>IONIE BARRETT (President/CEO)</u>	Name and Title:	<u>ANNETTE HEMMINGS (Secretary)</u>
Address	<u>3188 NW 43RD STREET</u>	Address:	<u>4920 NW 14TH STREET</u>
	<u>LAUDERDALE, FL 33309</u>		<u>LAUDERHILL, FL 33313</u>
	_____		<u>ABVED HOME CARE SERVICES IN</u>

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

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

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: ABVED HOME CARE SVS INC
 Address: 4920 NW 14TH STREET
LAUDERHILL, FL 33313

FILED
 DEPARTMENT OF STATE
 15 MAY 19 11:20
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: IONIE BARRETT
 Address: 3188NW 43RD STREET
LAUDERDALE LAKES, FL 33309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/21/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Handwritten Signature]

 Required Signature/Registered Agent

05/02/2016

 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.

[Handwritten Signature]

 Required Signature/Incorporator

05/02/2016

 Date

[Handwritten Signature]



5-5-16

Witness IONIE BARRETT only