# P210000 75782

(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



300371771823



- JENNIS

AUG 2 Å 7021

# COVER LETTER -

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

SUBJECT:	iCare Group Home, Inc.			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	T REQUIRED	
FROM:	Cinc	li Ruiz		
	Namo	(Printed or typed)	·	
	19836 We	est Lake Drive		
		Address	· -	
	Hi	aleah, FL 33015		
	City.	State & Zip	<del></del>	
	(	786)281-1001		
		elephone number		
	cind	iruiz516@gmail.com		

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I he name of the	<u>NAME</u> e corporation	ı shall be:	Care Gro	oup Home, Inc.	
		incipal <u>street</u> addres Drive	SS		Mailing address, if different is:
	r which the	corporation is organ			residential facility for special f totally independent living.
e number of s	shares of sto	OFFICERS AND/O	_		Reinaldo Cardet . Vice - President
ne number of s	INITIAL and Title:	ck is: OFFICERS AND/O Cindi Ruiz, Presiden 9836 West Lake Dr	nt	Name and Title Address:	6447 NW 201 Terrace
Addres	INITIAL ( and Title: ss and Title:	OFFICERS AND/O Cindi Ruiz, Presiden 9836 West Lake Dr Haleah, FL 33015	ive	Address: Name and Title Address:	:

Name and Title:		Name and Title:		
Addre	ess	Address:		
	REGISTERED AGENT	and the state of t		
Name:	Florida street address (P.O. Box NOT acception Cindi Ruiz	dable) of the registered agent is:		
Address:	19836 West Lake Drive			
Addicas.	Hialcah, FL 33015			
ARTICI F VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	Cindi Ruiz			
Address:	19836 West Lake Drive			
	Hialeah, FL 33015	<del></del>		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>			
Effective date.:	if other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific an	cannot be more than five days prior or 90 days after the		
Note: If the da the document's	te inserted in this block does not meet the ap- effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed accords.		
Having been no this certificate,	imed as registered agent to accept service of I am familiar with and accept the appointme	process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity		
	(Aux)	4)17/21		
	Required Signature/Registered Ag	ent Date		
I submit this do document to the	ocument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the false information submitted in ee felony as provided for in s.817.155, F.S.		
	Yhri,	8/17/21		
Requ	uired Signature/Incorporator	Date		

## **COVER LETTER**

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

SUBJECT:	iCare Group Home, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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 o Status
		ADDITIONAL CO	DPY REQUIRED
FROM:		di Ruiz	
	Nam	e (Printed or typed)	
	19836 We	est Lake Drive	
	<u> </u>	Address	
	H	ialeah, FL 33015	
	City,	State & Zip	
		(786)281-1001	
		elephone number	
		liruiz516@gmail.com	
<del></del>		d for future annual report i	votitication)
		s con rature annual report i	iourication)

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)

e name of the corpora		iCare Group Home, Inc.	
19836 West La	Principal street address		Mailing address, if different is:
Hialeah, FL 3.	3015		
TICLE III PURPO e purpose for which to	he corporation is organized is	Provide a supervised, caring s:	residential facility for special
eds adults who have o	outgrown the pre-adult servic	ces available and are incapable c	of totally independent living.
			<del>-</del>
<del>-</del>	<del></del>		
		_	
TICLE IV SHARE a number of shares of s			
e number of shares of s	stock is: 100  L OFFICERS AND/OR DIR	<del></del>	Reinaldo Cardet , Vice - President
e number of shares of s	stock is:	Name and Title	Reinaldo Cardet , Vice - President 6447 NW 201 Terrace
number of shares of s TICLE V INITIA Name and Title	stock is:  L OFFICERS AND/OR DIR  Cindi Ruiz, President	<del></del>	: <u> </u>
number of shares of s TICLE V INITIA Name and Title	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive	Name and Title	6447 NW 201 Terrace
number of shares	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:	6447 NW 201 Terrace Hialeah, FL 33015
number of shares	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:	6447 NW 201 Terrace Hialeah, FL 33015
TICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title	6447 NW 201 Terrace Hialeah, FL 33015
TICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title	6447 NW 201 Terrace Hialeah, FL 33015
TICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title Address:  Address:	6447 NW 201 Terrace
Name and Title  Name and Title  Address	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title Address:  Address:	6447 NW 201 Terrace Hialeah, FL 33015
Name and Title:_ Address	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title Address:  Name and Title Address:	6447 NW 201 Terrace Hialeah, FL 33015
Name and Title:_ Address	L OFFICERS AND/OR DIR Cindi Ruiz, President 19836 West Lake Drive Hialeah, FL 33015	Name and Title Address:  Name and Title Address:  Name and Title Address:	6447 NW 201 Terrace Hialeah, FL 33015

Name a	and Title:	Name and Title:
Address		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	Colon and the condition of the
Name:	Cindi Ruiz	or the registered agent is:
Address:	19836 West Lake Drive	_
	Hialeah, FL 33015	_
ARTICLE VII	INCORPORATOR	
	address of the Incorporator is:	
Name:	Cindi Ruiz	
Address:	19836 West Lake Drive	-
	Hialeah, FL 33015	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	. (OPTIONAL) of the more than five days prior or 90 days after the
Note: If the dat the document's	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na this certificate, I	imed as registered agent to accept service of process I am familiar with analyccept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Required Signature/Registered Agent	8 17 21
I submit this do		true. I am aware that the false information submitted in a
document to the	Department of State chastitutes a third degree felor	ty as provided for in s.817.155, F.S.
	LAG	8/17/21
Requ	uired Signature/Incorporator	Date

. . . .