

P210000 75782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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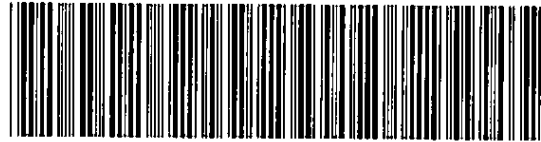
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 24 2021

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Cindi Ruiz
Name (Printed or typed)
19836 West Lake Drive
Address
Hialeah, FL 33015
City, State & Zip
(786)281-1001
Daytime Telephone number
cindiruib516@gmail.com
E-mail address: (to be used for future annual report notification)

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: iCare Group Home, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
19836 West Lake Drive	
Hialeah, FL 33015	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide a supervised, caring residential facility for special needs adults who have outgrown the pre-adult services available and are incapable of totally independent living.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Cindi Ruiz, President	Name and Title:	Reinaldo Cardet, Vice - President
Address	19836 West Lake Drive	Address:	6447 NW 201 Terrace
	Hialeah, FL 33015		Hialeah, FL 33015

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: Cindi Ruiz _____

Address: 19836 West Lake Drive _____

Hialeah, FL 33015 _____

ARTICLE VII INCORPORATOR

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

Name: Cindi Ruiz _____

Address: 19836 West Lake Drive _____

Hialeah, FL 33015 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Required Signature/Registered Agent

8/17/21
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

8/17/21
Date

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Name and Title: Reinaldo Cardet, Vice - President

Address 19836 West Lake Drive

Address: 6447 NW 201 Terrace

Hialeah, FL 33015

Hialeah, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

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Address: 19836 West Lake Drive
Hialeah, FL 33015

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Name: Cindi Ruiz
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