P22 Classification of the Policy of Cover Sheet

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To:				
	Division of Corpora	tions		
	Fax Number : (8	50)617-6381		
From:				
	Account Name : LA		LING SERVICE, INC.	
	Account Number : I2			
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Electronic Filing Menu

Corporate Filing Menu

Help

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

INCLUSION CARE INC

of Document # P21000 101 258

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

ROSEMary De 19 C. Otad

ARTICLES OF INCORPORATION In compliance with Chapter 507 (Profit)

Inclusion Care Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
12982 Sw 2515t Terr Homestead PL	
25037	
	•
	•
CLEUI SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE(S:	
	-
Boomery de la Caridad Abad Valdes	
(PRESIDENT)	
((RESIDENT)	
	#2£
DESCRIPTION ACENT AND STREET AND STR	gent i
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Required Signatures:

3052201440

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

Regulatived Agent
Thate

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 from \$.817.165, F.S.

EL STPUTELLE

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