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Division of Corporations  
Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INTERSTATE CARE INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: INTERSTATE CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2950 W CYPRESS CREEK RD STE: 304 FORT LAUDERDALE, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ANTONIO PEREZ CABRERA (P) Name and Title:

Address 2950 W CYPRESS CREEK RD Address:

STE: 304

FORT LAUDERDALE, FL 33309

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: JOSE ANTONIO PEREZ CABRERA  
 Address: 2950 W CYPRESS CREEK RD STE: 304  
FORT LAUDERDALE, FL 33309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE ANTONIO PEREZ CABRERA  
 Address: 2950 W CYPRESS CREEK RD STE: 304  
FORT LAUDERDALE, FL 33309


**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.*

  
 Jose Antonio Perez Cabrera (Mstr A 2023 15 55 157)  
 Required Signature/Registered Agent

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 Date 2/3

*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.*

  
 Jose Antonio Perez Cabrera (Mstr A 2023 15 55 157)  
 Required Signature/Incorporator

Date: \_\_\_\_\_