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MAR 13-1996 11:22  
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FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

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((H96000003535)) ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY  
DEPARTMENT OF STATE 1402 W FLAGLER ST  
STATE OF FLORIDA SUITE 200  
409 EAST GAINES STREET MIAMI FL 33135-  
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT  
FAX: (904) 922-4000 PHONE: (305) 541-3894  
FAX: (305) 541-3770

((H96000003535)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: INDEPENDENT SUPPORT SERVICES, INC.  
FAX AUDIT NUMBER: H96000003535 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 03/13/1996 TIME REQUESTED: 10:56:58  
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
NUMBER OF PAGES: 6 METHOD OF DELIVERY: FAX  
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255

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95 MAR 13

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MAR-13-1996 11:22

P.10

PREPARED BY:

Richard Monescalchi

FI OR# 386812

7556 Lake Worth Rd. #102

Lake Worth, FL 33467

407-968-7877

**ARTICLES OF INCORPORATION  
OF**

**INDEPENDENT SUPPORT SERVICES, INC.**

FILED STATE  
SECRETARY OF CORPORATIONS  
MAR 13 PM 2:35  
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RICHARD J. MONESCALCHI, the undersigned to these Articles of Incorporation, who is a natural person, competent to contract, hereby forms a corporation under the Laws of the State of Florida.

**ARTICLE I**

**NAME OF THE CORPORATION**

The name of this corporation shall be INDEPENDENT SUPPORT SERVICES, INC.

**ARTICLE II**

**PURPOSE**

This corporation is organized for the following purposes: Elderly support service business and for any other purpose or purposes allowed under the laws of the State of Florida, and the laws of the United States.

**ARTICLE III**

**TERM OF EXISTENCE**

This corporation shall exist perpetually.

**ARTICLE IV**

**PRINCIPAL PLACE OF BUSINESS**

The initial street address and the principal office of this corporation is 4249 S. Landar Drive, Lake Worth, FL 33463. The Board of Directors may from time to time move the principal office to any other address.

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**ARTICLE V****DIRECTORS**

This corporation shall have three (3) directors initially. The number of directors may be increased or diminished from time to time in accordance with the procedure specified in the corporation's By-Laws. The number of directors shall never be fewer than one. The name and address of the initial directors of this corporation are:

NameAddress

Denise Wasielewski

P.O. Box 112  
Loxahatchee, FL 33470

Linda K. Holcomb

4249 S. Landar Drive  
Lake Worth, FL 33463

Simi L. Brady

3801 NW 7th Court  
Delray Beach, FL 33445**ARTICLE VI****INCORPORATORS**

The name and address of the incorporator signing these Articles of Incorporation is:

NameAddress

Richard J. Monescalchi

7556 Lake Worth Road, Suite 102  
Lake Worth, FL 33467**ARTICLE VII****REGISTERED AGENT**

The initial designation of the registered office of this corporation shall be at 7556 Lake Worth Road, Suite 102, Lake Worth, Florida 33467, and the Registered Agent shall

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be Richard J. Monescalchi.

Pursuant to Florida Statutes, having been named to accept process for the above stated corporation at the place designated in those Articles of Incorporation, I hereby accept and agree to act in this capacity and agree to comply with all the provisions of said Statutes relative to the proper and complete performance of my duties.

  
Richard J. Monescalchi

#### ARTICLE VIII

##### CAPITAL STOCK

This corporation is authorized to issue one thousand (1000) shares of stock at ONE AND NO/100 (\$1.00) DOLLAR par value, which stock shall be designated in "common shares".

#### ARTICLE IX

##### CUMULATIVE VOTING

At each election for directors, every shareholder entitled to vote at such election shall have the right to cumulate his votes, by giving one candidate as many votes as the number of his shares, or by distributing such votes on the same principle among any number of such candidates.

#### ARTICLE X

##### MEETING BY CONFERENCE TELEPHONE

Members of the Board of Directors may participate at the meetings of the Board of Directors as provided by law, by means of conference telephone or similar communication

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equipment, by means of which all persons participating in the meeting can hear each other at the same time. Participation by such means shall constitute presence in person at the meeting.

**ARTICLE XI  
AMENDMENTS**

These Articles of Incorporation may be amended in the manner as provided by law. The corporation reserves the right to amend or repeal any provisions contained herein or any amendment hereto.

IN WITNESS WHEREOF, I, the incorporator of the above named corporation, have set my hand and seal this 11 day of March, 1996.

  
Richard J. Monescalchi

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County last aforesaid to take acknowledgements, personally appeared RICHARD J. MONESCALCHI, known to me to be the person described as an incorporator in, and who executed the foregoing Articles of Incorporation and that he acknowledged before me that she/he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the State and County last aforesaid this \_\_\_\_\_ day of March, 1996.

My Commission Expires:

\_\_\_\_\_  
Notary Public

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 13 PM 2:35

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: INDEPENDENT SUPPORT SERVICES, INC.

2. The name and address of the registered agent and office is:  
RICHARD J. MONESCALCHI

7556 Lake Worth Road, Suite 102

Lake Worth, FL 33467

SIGNATURE: [Signature]

(Corporate officer)

TITLE: Incorporator

DATE: March 11, 1996

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: [Signature]

DATE: March 11, 1996

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Simi Brady  
3801 NW 7th CT  
Delray Beach, FL 33434

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-06/25/96--01114--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

.../.../.../Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPROVED  
AND  
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96 JUN 24 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

P96000022851  
6-24-96  
bwh/Rep

To: Linda Holcomb  
Donise Wasilolowski  
The Secretary of the State of Florida

From: Simi Brady  
Date: June 21, 1996  
RE: Resignation - Independent Support Services, Inc.

I, Simi Brady, am resigning as incorporator and Co-Chairperson of Independent Support Services, Inc., effective this day, Friday, June 21, 1996. I wish to dissolve any and all affiliations with Independent Support Services, Inc. Thank you.

Signed this 21st day of June 1996.

Simi Brady  
Simi Brady

3801 NW 7th CT  
Address

Delray Beach, FL 33445  
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUN 21 PM 1:42

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AND  
FILED

State of Florida  
County of Palm Beach

The foregoing instrument was acknowledged before me this 21st day of June 1996, by Simi Brady, who is personally known to me.

Leroy D. Hamilton Jr.  
Notary Public

Leroy D. Hamilton Jr.  
Print Name

My commission expires:



LEROY D. HAMILTON JR.  
My Comm Exp. 9/25/96  
Bonded By Service Ins  
No. CC231374

☐ Personally From ☐ Other L.A.

P96000022851

Requestor's Name

- *L. DuBois*  
*4345 S. Hardley*  
- *John Worth*  
*33163*

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name) (Document #)
2. \_\_\_\_\_  
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<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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OLD  
Resignation  
*SP*

Examiner's Initials

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P.O. BOX 6327  
TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS  
97 APR 25 PM 3:06

APRIL 22, 1997

RE: NOTIFICATION OF RESIGNATION

I RESIGN AND TERMINATE ALL RESPONSIBILITIES OF THE  
CORPORATE STRUCTURE FROM INDEPENDENT SUPPORT  
SERVICES, INC. EFFECTIVE IMMEDIATELY. APRIL 22, 1997.  
LINDA K. HOLCOMB, 4249 SOUTH LANDAR DRIVE, LAKE WORTH,  
FL 33463. A CHECK IN THE AMOUNT OF \$35.00 ACCOMPANIES  
THIS NOTIFICATION AS A FILING FEE.

RESPECTFULLY SUBMITTED



LINDA K. HOLCOMB