

INZAR'S CORPORATE INDUSTRIES, INC.

Requestor's Name

8900 N. W. 8th Avenue Suite 100

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. INTEGRAL HEALTH SYSTEM INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 500002319885--1
-10/14/97--01037--016

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

FILED
97 OCT 14 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
97 OCT 14 AM 10:17
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

INTEGRAL HEALTH SYSTEM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Principal Place: 1898 CORAL WAY MIAMI FL 33145

Mailing: 13011 SW 88 LANE Suite A103
MIAMI FL 33186

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Guillermo Lesassier.
13011 SW 88 LANE Suite A103
MIAMI FL 33186

FILED
97 OCT 14 AM 11:52
RECEIVED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE V

PRESIDENT - GUILLERMO LOSASSIER 13011 SW 88 LANE Suite A103
MIAMI FL 33186
VIC. President { MIGUEL A AMOR - 1898 CORAL WAY. MIAMI FL 33145
TREASURER
SECRET. HERBERT PARDELL - 2170 BAYBERRY DR. PEMBROKE PINES FL 33024

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

GUILLERMO LOSASSIER 13011 SW 88 LANE Suite A103
MIAMI FL 33186

ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

GUILLERMO LOSASSIER 13011 SW 88 LANE Suite A103
MIAMI FL 33186

MIGUEL A AMOR 1898 CORAL WAY MIAMI FL 33145

HERBERT PARDELL 2170 BAYBERRY DR. PEMBROKE PINES FL 33024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
____ day of _____, 19 ____.

Signature(s) of the Incorporator(s)




GUILLERMO LOSASSIER
Typed name of Incorporator signing

MIGUEL A. AMOR
Typed name of Incorporator signing

HERBERT PARDELL
Typed name of Incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Integral Health System Inc

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

Guillermo Lasassier 13011 SW. 88 LANE Suite A103
(NAME) MIAMI FL 33186

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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 _____

DATE 10-13-97

FILED
97 OCT 14 PM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00