

P0200000/2835

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: BEST HEALTH, INC.
(Proposed corporate name - must include suffix)

500004844895--0
-01/30/02-01057-014
*****70.00 *****70.00

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARK COHEN CPA
Name (Printed or typed)

1772 EAST TRAFALGAR CIRCLE
Address

HOLLYWOOD, FL 33020
City, State, & Zip

(954) 922-6042
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 AM 10:50

NOTE: Please provide the original and one copy of the articles

2-5-02
MC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 AM 10:50

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BEST HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

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

**6830 VIA REGINA
BOCA RATON, FL 33433**

ARTICLE III SHARES

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

Class A Common Stock, par value \$0.01 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**MARK COHEN CPA
1772 EAST TRAFALGAR CIRLCE
HOLLYWOOD, FL 33020**

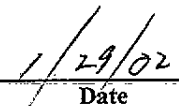
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**MARK COHEN CPA
1772 EAST TRAFALGAR CIRLCE
HOLLYWOOD, FL 33020**



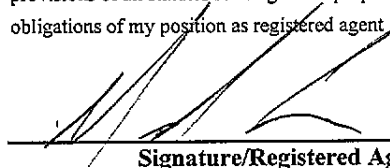
Signature/Incorporator



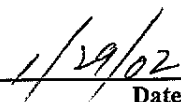
Date

(An additional article must be added if an effective date is requested)

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/Registered Agent



Date