P1200035831

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

6250-621-

W12000049254

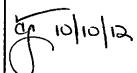


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12 OCT -9 PM 3: 21

SLEXELARY OF STATE.
SHOULD BE STATE.



COVER LETTER

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RECEIVED 12 OCT -9 AM 10: 07

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

SUBJECT:	Better Health (PROPOSED CORPORA	ncare Management Inc
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: _	Jason Bh	chop e (Printed or typed)
14201 W. Suncise Blvd Suite 208		
Suncise Florida 33323 City, State & Zip		
954- 473-4008 Daytime Telephone number		
	Umye. rec	elephone number (uiter@gmail.com) d for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2012

JASON BISHOP 14201 W SUNRISE BLVD. SUITE 208 SUNRISE, FL 33323

SUBJECT: BETTER HEALTHCARE MANAGEMENT INC.

Ref. Number: W12000049254

We have received your document for BETTER HEALTHCARE MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00023919

12 OCT -9 PM 3: 22

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: Better Heal	theore Management Inc.
Principal office Principal street address 14201 W. Sunrise 1814 Suite 208 Sunrise 1814	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Management Com	SEGRETARY PARTY PARTY
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: Jason Bishop Address: 14201 W. Suncise Biva Suite 208 Suncise, FL 33323	Name and Title:
Name and Title:Address:	Name and Title: Address:
Name and Title:Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: JOSON BISHOP Address: 14201 W. SUNCISC BIV SUNCISC FLORIDA 3	J suite 208
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jason Bishop Address: 14201 W. Suncise 13 Suncise Florida 33	Tvd svite 208 3323
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as re Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor Required Signature/Incorporator	re true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S. 10 / 1 / 2 Date