

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

18 MAR 13 AM 9:16

**FLORIDA PROFIT/NON PROFIT CORPORATION
BEST CHOICE MEDICAL CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

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Corporate Filing Menu

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MAR 14 2018

T. SCOTT

03/13/2018 14:17 3052201440

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Best Choice Medical Center Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8764 SW 8th Unit #12
Miami, FL 33174

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Fidel Perez Lorenzo (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Fidel Perez Lorenzo
8764 SW 8th Unit #12
Miami, FL 33174

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Fidel Perez Lorenzo
8764 SW 8th Unit #12
Miami, FL 33174

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Required Signatures:

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



Registered Agent



Date

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.



Incorporator



Date