

P00000064195

TRANSMITTAL LETTER

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

500003309085--8
-06/29/00--01070--020
*****78.75 *****78.75

SUBJECT: Better Health Care Services Inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 29 PM 12:17

FILED

FROM: Hyacinth Bingham
Name (Printed or typed)

2248 Salerno Circle
Address

Weston, Florida 33327
City, State & Zip

1-(954) 385-8943
Daytime Telephone number

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

F. G. Goss

JUL 3 2000

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:

Better Health Care Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

2248 Salerno Circle
Weston, Florida 33327

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles Inije
18101 N.W. 68 Avenue, #B-206
Miami Lakes, Florida 33015

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 29 PM 12:17

FILED

**CERTIFICATE OF DESIGNATION OF
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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Better Health Care Services Inc.

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

Charles Inije

(NAME)

18101 N.W. 68 Avenue, #B-206

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami Lakes, Florida 33015

(CITY/STATE/ZIP)

FILED
00 JUN 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Charles Inije
(SIGNATURE)

6/28/00
(DATE)