Division of Corporations

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Florida Department of State

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

BEST CARE SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION 94130 OF BEST CARE SUPPLIES, INC.

THE UNDERSIGNED, have executed the following document as incorporators of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporators, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

<u>ARTICLE I</u>

The name of the Corporation shall be:

BEST CARE SUPPLIES, INC.

<u>ARTICLE II</u>

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

This Corporation may engage or transact in any and all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregated number of shares which this corporation shall have authority to issue is the total of 300 shares, having an individual par value of \$100.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY:

CARLOS GRANIZO ACCOUNTANT 10920 W. FLAGLER ST.#204 MIAMI, FLORIDA 33174

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ARTICLE V

The name and address of the initial registered agent, registered office, and principal office of this incorporation shall be:

HECTOR CHRISTOPHER HERDOIZA 5370 NW 88 AVE APT # A-204 FT, LAUDERDALE, FL. 33351

ARTICLE VI

The initial Board of Directors shall consist of seven persons and the names of the persons who are to serve as initial directors shall be:

HECTOR CHRISTOPHER HERDOIZA	PRESIDENT/SECRETARY
HECTOR EDWARD HERDIOZA	TREASURER
MARIANA NARANIO	DIRECTOR
VERONICA HERDOIZA DE LARREA	DIRECTOR
ANABELLE HERDOIZA DE VASCONEZ	DIRECTOR
CARMENSOL HERDOIZA DE HOLGUIN	DIRECTOR
FRANCISCO JOSE HERDOIZA	DIRECTOR
A	

ARTICLE VII

The name and address of the incorporators executing these Articles of Incorporation are:

HECTOR CHRISTOPHER HERDOIZA	HECTOR EDWARD HERDOIZA
5370 NW 88 AVE APT# A-204	5370 NW 88 AVE APT #A-204
FT. LAUDERDALE, FL. 33351	FT.LAUDERDALE, FL. 33351

IN WITNESS WHEREOF, the undersigned incorporators has executed these Articles of Incorporation this 27th day of August 2001.

HECTOR CHRISTOPHER HERDOIZA

302 541 3770 P.03705

EMPIRE CORP

HECTOR EDWARD HERDO

905-82-2001 16:55

In pursuance of Chapter 607.34 Florida Staintes, the following is submitted, in compliance with said Act:

First-That

BEST CARE SUPPLIES, INC (Name of Corporation)

desiring to organize under the laws of the State of Florida with its principal office, as

indicated in the Articles of Incorporation at the City of Miami, County of Dade, State of Florida has named

HECTOR CHRISTOPHER HERDOIZA
5370 NW 88 AVE
FT. LAUDERDALE, FL. 33351
(Street address and number of building,
Post Office Box address not acceptable)

City of MIAMI, County of DADE, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Signature

Register Agent

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STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, a Notary Public, authorized to take acknowledgements in the state and county set forth above, personally appeared HECTOR CHRISTOPHER HERDOIZA, & HECTOR EDWARD HERDOIZA, known to me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 27th day of August 2001.

NOTARY PUBLIC, State of Florida

at Large

My Commission Expires:

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