TRANSMITTAL LETTER

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

****122.50 *****78.75

(Proposed corporate name - must include suffix)

Enclosed is an	original and	d ons(1) cop	y of the artic	les of incorporat	ion and a	check	for :

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate

Z \$122,50

Filing Fee & Certified Copy **5131.25**

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

We, f	the undersigned, as proper persons acting as tors of a corporation under the laws of the State of
incorpora	adopt the following articles of incorporation:
Florida,	Bret CHOKE HENTH CARE STANK
FIRST	The name of the corporation is: BEST CHOICE HEALTH CARE SERVICE
SECOND	The period of its duration is: Indefinite
THIRD _	The purpose of the corporation is: To transact business in Floring for profit
FOURTH	The aggreegate number of authorized shares is: 1000
FIFTH	The corporation will not commence business until at least $\frac{4000}{1000}$ dollars have been received by it as consideration for the issuance of shares.
SIXTH	Cumulative voting of shares of stock, () or (is not) authorized.
SEVENTH	Provisions limiting or denying to shareholders the pre- emptive right to acquire additional or treasury shares of the corporation are:
EIGHTH	Provisions for regulating the internal affairs of the corporation are: The responsibilities of the Board
NINTH	The address of the initial registered office of the corporation is: 144635W 155PL Mami, 6133196 and the name of its initial registered agent at such address is: 11 MeV 2011 Justo
TENTH	The address of the principal place of business is:

directors until the first annual meeting of share holders or until their saccessors are elected and shall qualify are: **ADDRESS** Wilher Soint Juste-Knesident 14463 SW 155 pt Mianu; F/ 33196 ryforie Saint Juste-Vice President 14463 SW 155 PL Mami, FT 33196 INCORPORATOR - The name and address of the incorporator TWELFTH to this articles of incorporation are:

Signature/Incorporator

Signature/Incorporator

ELEVENTH The number of directors contituting the initial board

and address of this person who are to serve as

of directors of the corporation is ______, and the name

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 futher 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

OZ MAY -6 PM 2: 5: SECRETARY OF STATE