

P020000067049

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA'S BEST CARE. CORP.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 18, 2002

EMPIRE CORPORATE KIT COMPANY

SUBJECT: FLORIDA'S BEST CARE, CORP.
REF: W02000017593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

PRINCIPAL ADDRESS INDICATED IN CERTIFICATE DESIGNATING PLACE OF BUSINESS AS BEING IN BROWARD COUNTY. PLEASE INDICATE PRINCIPAL BUSINESS ADDRESS.

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

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FAX Aud. #: H02000152245
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ARTICLES OF INCORPORATION

of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA'S BEST CARE, CORP.

I, THE UNDERSIGNED, NEREIDA MONTALVO hereby associate myself for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida.

ARTICLE I

The name of this corporation shall be:

FLORIDA'S BEST CARE, CORP.

ARTICLE II

The general nature of the business and the objects and purposes proposed to be transacted and carried on are to do any and all of the things mentioned, as fully and to the same extent as natural persons might or could do, viz:

- a. To engage in any legal business.
- b. In the purchase or acquisition of business rights of franchises, or for additional working capital, or for any other object in or about its business or affairs, and without limit as to amount, to incur debt, and to raise, borrow, and secure the payment of money in any lawful manner, including issue and sale of other disposition of bonds, warrants, debentures, obligations, negotiable and transferable instruments and evidence of all kinds, whether secured by mortgage, pledge, deed or trust otherwise.
- c. Generally to perform and make contracts of any kind and description and for the purpose of attaining any of the objects of the corporation, to do and perform any other acts or things, and to exercise any and all powers which a co-partnership or natural person could do and exercise, and which now are, or hereafter may be authorized by law and generally to do and perform any and all things necessary or incident to the performing and carrying out of the power hereinabove specifically delegated of implied.

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ARTICLE III

CAPITAL STOCK

The authorized capital stock of this corporation shall be divided into 100 shares of common stock of NONE PAR VALUE.

All said stocks shall be payable in cash, property, labor or services at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose, or paid for, with the capital stock at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose. None of the stockholders herein, or anyone who may become stockholders of this corporation, shall have or shall ever have pre-emptive rights in and to any authorized or un-issued stocks of this corporation until such time as an Amendment to the By-Laws may be passed. This provision is made pursuant to Florida Statute 608.42.

ARTICLE IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation shall commence business shall be a minimum of ONE HUNDRED DOLLARS.

ARTICLE V

CORPORATE EXISTING

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of said Corporation shall be: 4110 SW 69 AVE MIAMI, FLORIDA 33155 and with the privilege of having branch offices at other places within or without the State of Florida.

ARTICLE VII

The Resident Agent designated to accept service of process for the corporation shall be: NEREIDA MONTALVO

ARTICLE VIII

The number of Directors of this corporation shall be not less than ONE (1) nor more than FIVE (5).

ARTICLE IX

DIRECTORS

The names and addresses of the first Board of Directors of this corporation who shall hold office for the first year or until their successors are chosen, shall be:

NAME	ADDRESS
NEREIDA MONTALVO	9220 SW 45TH TERRACE MIAMI, FLORIDA 33165

ARTICLE X

The name and address of the Officers of this corporation who shall hold office for the first year or until their successors are chosen shall be:

NAME	TITLE	ADDRESS
NEREIDA MONTALVO	PRESIDENT	9220 SW 45TH TERRACE MIAMI, FLORIDA 33165

ARTICLE XI

The names and post office addresses of the subscribers and the number of shares each agree to take are:

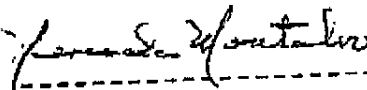
NAME	ADDRESS	NUMBER OF SHARES
NEREIDA MONTALVO	9220 SW 45TH TERRACE MIAMI, FLORIDA 33165	100

ARTICLE XII

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statutes, the
following is submitted:

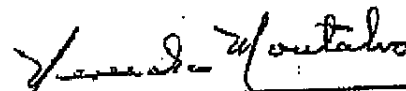
First, that FLORIDA'S BEST CARE, CORP. desiring to
organize or qualify under the law of the State of Florida,
with its principal place of business at Dade County, State
of Florida, has named NEREIDA MONTALVO of 9220 SW TERRACE
45TH TERRACE MIAMI, FLORIDA 33165
as its agent to accept service of process within Florida.



NEREIDA MONTALVO
CORPORATE OFFICER

DATE: JUNE 12, 2002

Having been named to accept service of process for the
above stated corporation, at the place designated in this
Certificate, I hereby agree to act in this capacity, and I
further agree to comply with the provisions of all Statutes
relative to the proper and complete performance of my duties.



NEREIDA MONTALVO
DATE: JUNE 12, 2002

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ARTICLE XIII

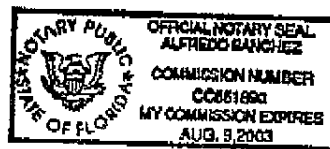
ACKNOWLEDGEMENT

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this 12th day of JUNE, 2002 personally appeared before me, the undersigned Notary Public in and for the State of Florida, NEREIDA MONTALVO party to the foregoing Certificate of Incorporation, and each acknowledged that they subscribe and acknowledges the foregoing Certificate as and for their voluntary act and deed, and that the facts herein set forth are true and correct as given under my hand and official seal, the day and year written at Coral Gables, Dade County, Florida.

Notary Public
State of Florida at Large

My commission expires:



Suscriber:

Nereida Montalvo

NEREIDA MONTALVO
PRESIDENT

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