

P030000018651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

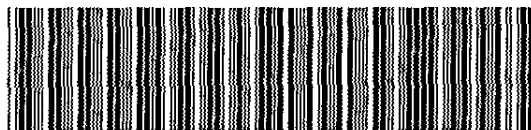
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02/17/03--01029--002 **236.25

FILED
03 FEB 17 AM 8:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THE BEST TRANSPORTATION, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE BEST TRANSPORTATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

750 NW 43 AVE. SUITE #517., MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PATIENT TRASPORTATION

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JUANA PEREZ, AS PRESIDENT WITH 500 SHARES OWNER AND ADDRESS AT: 750
NW 43 AVE. SUITE #517., MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JUANA PEREZ WITH ADDRESS AT: 750 NW 43 AVE., SUITE #517., MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUANA PEREZ WITH ADDRESS AT: 750 NW 43 AVE., SUITE #517., MIAMI, FL 33126

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

X J Perez
Signature/Registered Agent

Date

X J Perez
Signature/Incorporator

Date