

PO3000078685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

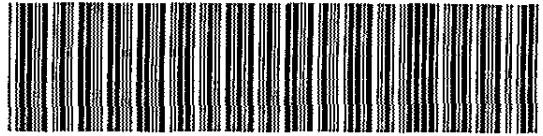
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/16/03--01040

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 16 AM 10:57

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TRANSMITTAL LETTER

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

SUBJECT: Best Home Health Care Center, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mihaela R. Polverea

Name (Printed or typed)

2901 Fiore Way, Apt. # 203

Address

Delray Beach, FL 33445

City, State & Zip

(561) 279 4952

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Best Home Health Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2901 Fiore Way, Apt. # 203
Delray Beach, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing in home care for the elders and the disabled, including and not limited to: reminders to take medications, personal care assistance, assistance with walking, companionship, meal preparation and light housekeeping, assistance with social activities, relief for family care givers.

ARTICLE IV SHARES

The number of shares of stock is:

One share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mihaela R. Polverea Owner / Administrator
2901 Fiore Way, Apt. # 203
Delray Beach, FL 33445

ARTICLE VI REGISTERED AGENT

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

Mihaela R. Polverea
2901 Fiore Way, Apt. # 203
Delray Beach, FL 33445

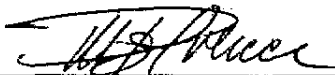
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mihaela R. Polverea
2901 Fiore Way, Apt. # 203
Delray Beach, FL 33445

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TALLAHASSEE, FLORIDA

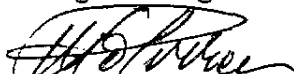
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

07/14/2003

Date



Signature/Incorporator

07/14/2003

Date