

P06000019851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

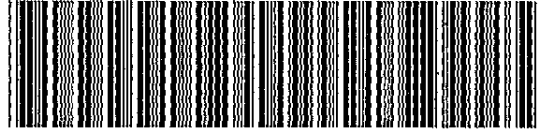
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W06-4812

Office Use Only



600064359806

01/26/06 -01024--007 **78.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

06 FEB 10 AM 8:50

FILED

T. Burch FEB 13 2006

COVER LETTER

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

SUBJECT: Best Care
(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: Sharon Hill
Name (Printed or typed)

4763 NW 114 St
Address

Cor# / Spring Florida 33076
City, State & Zip

754-368-7347 - 954-752-7022
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

SHARON HILL
4763 NW 114 DR
CORAL SPINGS, FL 33076

SUBJECT: BEST CARE
Ref. Number: W06000004812

We have received your document for BEST CARE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please complete article VI.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 206A00007018

RECEIVED
06 FEB 10 PM 12:49
THE FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Health Transit INC.

06 FEB 10 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4763 NW 114 St
CORAL SPRINGS FL
33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing HOME Emergency
transportation Service

ARTICLE IV SHARES

The number of shares of stock is:

500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sharon Hill 4763 NW 114 St. Coral Springs FL 33076

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Same as the above

Sharon Hill 4763 NW 114 St, Coral Springs FL
33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon Hill 4763 NW 114 St Coral Springs FL 33076
Sonia Glover

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: S. Hill Date: 1-25-06
Signature/Incorporator: S. Hill, Sonia Glover Date: 1-25-06