P06000080843

(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:

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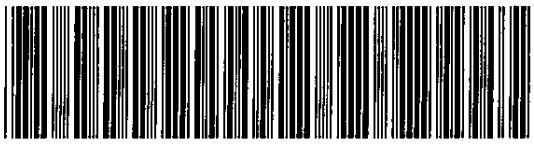

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FILED
2006 JUN 12 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BEST HOME RECOVERY, 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: ALFONSO CARDOSO
Name (Printed or typed)

5035 PALM AVE
Address

HIALEAH, FL 33012
City, State & Zip

(305)-822-0669
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BEST HOME RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10240 SW 56th ST STE. 114-A
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10000 COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: JOEL GONZALEZ. 4141 SW 112nd AVE. MIAMI, FL 33165

VICE PRESIDENT: INDIRA OLAZABAL. 1015 NW 45th AVE # 105. MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

ALFONSO CARDOSO. 5035 PALM AVE. HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ALFONSO CARDOSO. 5035 PALM AVE. HIALEAH, FL 33012

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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 — Date: 06/06/2006

Signature Incorporator — Date: 06/06/2006