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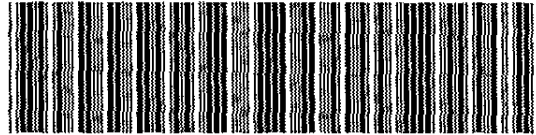
(Business Entity Name)

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

1. BEST FAMILY GROUP  
(Corporation Name) (Document #)

2. HOME, INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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## ARTICLE OF INCORPORATION

OF

BEST FAMILY GROUP HOME, INC.

The undersigned to this Article of Incorporation, Natural Person competent to contract to and form a corporation for profit.

### ARTICLE 1-NAME

The name of the corporation is BEST FAMILY GROUP HOME, INC.. The principal place of business shall be at 404 NW 2<sup>ND</sup> AVE, HALLANDALE, FL 33009.

### ARTICLE 11-NATURAL OF BUSINESS

The Corporation may engage in any activities of business permitted under the laws of the United States and this State. These activities may include, but are not limited to the operation of the following business.

- a) To engage in the business activities of Home Heath Care, Private duty Nursing Care and Nursing Assistance for people of all ages an sex.
- b) To engage in the business of Home Health Care and Medical assistance for any person, firm, Association without restriction in this State and any other State of the United State .
- c) To conduct any and all type of business and operation, to have one or more Offices/establishment in this State and any other State of the United States.
- d)To borrow money and conduct debt when necessary in the purchase or acquisition of real, personal and intangible property: business right or franchise; for additional working capital, in this State or for any other State of the United States.
- E)To exercise all of the owners which are now, or may hereafter be conferred upon corporation generally by the laws of the United States and of this State.

### ARTICLE 111-CAPITAL STOCK

MAXIMUM NUMBER OF SHARES OF COMMON STOCK THAT THIS CORPORATION IS authorized to have outstanding at any time is (1,000) SHARES OF COMMON STOCK, EACH HAVING A PAR VALUE OF (\$50.00) DOLLORS.

#### ARTICLE IV-INITIAL CAPITAL

This amount of the initial Capital with which this corporation shall begin business is (\$50,000.00).

#### ARTICLE V-TERMS OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolve by laws.

#### ARTICLE VI-INITIAL REGISTERED OFFICE AND AGENT

The Street address of this corporation is: 404 NW 2<sup>th</sup> AVE, HALLANDALE FLORIDA  
33009

#### ARTICLE V-DIRECTORS

This corporation shall have (2) DIRECTORS Initial whose name and street address is as follows:

NAME	ADDRESS
FAY RICHARDS PRESIDENT/SECRETARY	1751 SW 104 TERRACE MIRAMAR, FLORIDA 33025
TRAVOR JOBSON TREASURER	2110 NW 86 STREET MIAMI, FLORIDA

#### ARTICLE VI-11-SUBSCRIBERS

The name and address of the subscribers to these Article of Incorporation and the number of shares of the \$5.00 par value common stock which they agree to take is as follows:

NAME	SHARES	ADDRESS
FAY RICHARDS PRESIDENT/TREASURER	90%	1751 SW 104 TERRACE MIRAMAR, FL. 33169
TRAVOR JOBSON TREASURER	10%	2110 NW 86 STREET MIAMI, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledge and filled the foregoing Article of Incorporation under the laws of the State of Florida this \_\_\_\_\_ day of \_\_\_\_\_ 2006

Fay Richards  
FAY RICHARDS  
PRESIDENT/SECRETARY/TREASURER

Trevor Jabson  
TRAVOR JABSON

STATE OF FLORIDA)  
AS)  
COUNTY OF BROWARD)

BEFORE ME, personally appear FAY RICHARDS to me well known and known to be the individual describes in and who execute the foregoing Article of Incorporation, and acknowledge before me that execute the same for the purpose therein expressed.

WITNESS MY, hand and official seal in the County of the State named above  
This \_\_\_\_\_ day \_\_\_\_\_ 2006.

\_\_\_\_\_  
Notary public, State of Florida  
AT Large.

MY COMMISSION EXPIRES: \_\_\_\_\_

#### CERTIFICATION OF RESIDENT AGENT

Pursuant to the provisions of section 607.0501 Or 617.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that \_\_\_\_\_ FAY RICHARDS \_\_\_\_\_

Desiring to organize under the laws of the State of \_\_\_\_\_

With its principal office, as indicated in the article Incorporation has \_\_\_\_\_

Named \_\_\_\_\_ BEST FAMILY GROUP HOME INC. \_\_\_\_\_

Located at \_\_\_\_\_ 404 N W 2<sup>nd</sup> STREET \_\_\_\_\_

City of \_\_\_\_\_ HALLANDADE \_\_\_\_\_

State of FLORIDA

County of BROWARDS

State of Florida

As its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Fay Richards  
FAY RICHARDS

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