

P07888818216

(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:

Office Use Only



600087117686

02/08/07--01026--025 **78.75

RECEIVED

07 FEB - 8 PM 12:15

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2007 FEB - 8 P 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Co-6-2

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. BEST PROVIDERS INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

Examiner's Initials

BEST PROVIDERS INC.
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 PROVIDERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5511 NW 112CT
 DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT & EXPORT ALL KIND OF DURABLE MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is:

500 COMMON STOCKS \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANGEL MAVARES 5511 NW 112CT , DORAL, FL. 33178
 MARLENE MAVARES 5511 NW 112CT, DORAL, FL. 33178

ARTICLE VI REGISTERED AGENT

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

ANGEL MAVARES, 5511 NW 112CT, MIAMI, FL. 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGEL MAVARES. 5511 NW 112CT, DORAL, FL. 33178

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

 2/7/2007

 Date

 Signature/Incorporator

 2/7/2007

 Date

FILED
 2007 FEB -8 P 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA