

Division of Corporations Page 1 of 1
P08000004897

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000009952 3)))



H080000099523ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 14 PM 1:02

FLORIDA PROFIT/NON PROFIT CORPORATION

THE BEST HEALTH CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

gf 1/15/08

H08000009952 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 14 PM 1:02

**ARTICLES OF INCORPORATION
OF
THE BEST HEALTH CARE INC.**

ARTICLE I-NAME

The name of this Corporation is **THE BEST HEALTH CARE INC.**
ARTICLE II-DURATION

This Corporation shall have a perpetual existence commencing on the Date of Filing.

ARTICLE III-PURPOSE

This Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV-CAPITAL STOCK

This Corporation is authorized to issue and have outstanding at any one time an aggregate number of shares of 500 shares of common stock having a par value of \$1.00 per share.

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered office of this Corporation is **MAYLEN FUNE** of 1490 WEST 49 PLACE STE 265 HIALEAH, FL 33012 The principal place of business of the corporation shall be 1490 WEST 49 PLACE STE 265 HIALEAH, FL 33012.

ARTICLE VI-INITIAL BOARD OF DIRECTORS

This Corporation shall have Two (2) Directors initially. The number of Directors may be increased or decreased from time to time by the Bylaws, but shall never be less than One. The names and address of the initial Director are:

NAME	ADDRESS
Maylen Fune President	1490 West 49 Place Suite 265 Hialeah, FL 33012
Gisselle Dominguez Vice-President	1490 West 49 Place Suite 265 Hialeah, FL 33012

H07000009952 3

ARTICLE VII-LAWS

The Bylaws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder(s) or Director(s).

ARTICLE VIII-INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE IX-PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his/her pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE X-INCORPORATOR

The person signing these articles is Maylen Fune of 1490 West 49 Place Ste. 265 Hialeah, FL 33012.

ARTICLE XI-AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this January 11th, 2008.



MAYLEN FUNE

H08000009952 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 14 PM 1:02

ACCEPTANCE BY REGISTERED AGENT

Pursuant to the provisions of sections 607.0501, 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.

THE BEST HEALTH CARE INC. A Corporation organized under the laws of the State of Florida has named Maylen Fune of 1490 West 49 Place Ste. 265 Hialeah, FL 33012, Miami Dade County, State of Florida, as its agent to accept service of process within this state.



MAYLEN FUNE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE BEST HEALTH CARE INC. A FLORIDA CORPORATION, And THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS/HER DUTIES.

Dated this January 11th, 2008



MAYLEN FUNE

H07000009952 3