

PO8000030449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

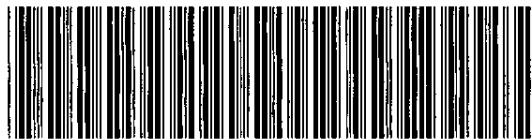
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000119502010

08/06/08--01030--002    \*\*78.75

2008 MAR 24 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

80-3120-474-218  
03/08/2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2008

2008 MAR 24 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SERGIO E. SIGLER  
13193 SW 191 TER  
MIAMI, FL 33177

SUBJECT: THE BEST CARE SERVICE, INC.  
Ref. Number: W08000012113

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

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6993.

Annie Hall  
Regulatory Specialist II  
New Filing Section

Letter Number: 908A00014281

## COVER LETTER

2008 MAR 24 PM12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**SUBJECT: The Best Care Service, 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: SERGIO E. SIGLER**

Name (Printed or typed)

**13193 SW 191 TER**

Address

**Miami, FL 33177**

City, State & Zip

**786-283-3344 OR 786-343-8303**

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)

### **ARTICLE I NAME**

The name of the corporation shall be:

The Best Care Service, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

13193 SW 191 TER  
Miami, FL 33177

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Homemaking and Companion

### **ARTICLE IV SHARES**

The number of shares of stock is:  
500

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Sergio E. Sigler  
13193 SW 191 TER  
Miami, FL 33177

### **ARTICLE VI REGISTERED AGENT**

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

Sergio E. Sigler  
13193 SW 191 TER  
Miami FL 33177

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
SERGIO E. SIGLER

13193 SW 191 Terr.  
Miami, FL 33177

\*\*\*\*\*  
*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



Signature/Incorporator

3/18/08

Date

3/18/08

Date

2008 MAR 24 PM 12:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA