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Florida Department of State
Division of Corporations
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDA BEST MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

FLORIDA BEST MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE

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

7780 WEST 20TH AVENUE #3
HIALEAH, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFULL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHRS @ \$10.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAYSI PUIGROS, DIRECTOR & PRESIDENT
1755 WEST 76 STREET
HIALEAH, FL 33014

ARTICLE VI REGISTERED AGENT

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

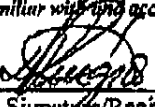
DAYSI PUIGROS
7760 WEST 20TH AVENUE #3
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAYSI PUIGROS
7760 WEST 20TH AVENUE #3
HIALEAH, FL 33016

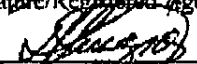
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/21/2008

Date



Signature/Incorporator

11/21/2008

Date