Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION BEST CARE MEDICAL SA, INC

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Electronic Filing Menu

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ARTICLES OF INCORPORATION

OF

BEST CARE MEDICAL SA, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

BEST CARE MEDICAL SA, INC

The principal place of business and mailing address of this corporation shall be:

5569 NW 72 AVENUE MIAMI FLORIDA 33166

ARTICLE II - NATURE OF BUSINESS

The main purpose of the company is Import and Export and general services, sales and purchases, or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES \$ 1.00 PER VALUE

ARTICLE IV - TERMS OF EXISTENCE

This corporation is to exist perpetually.



ARTICLE V - OFFICERS, DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected,

Carlos García

Pedro Navarro

President and Secretary

Treasury

15880 SW 79 TERRACE

15880 SW 79 TERRACE

Miami, Fl 33193

Miami, Fl 33193

ARTICLE VI - INCORPORATOR(S)

The name(s) and address (es) of the incorporator(s) to these articles of incorporation is (are):

Carlos Garcia

Pedro Navarro

President and Secretary

Treasury

15880 SW 79 TERRACE

15880 SW 79 TERRACE

Miami, Fl 33193

Miami, Fl 33193

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation these 08 days of February, 2011

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

	red agent and office is:
CARLOS GARCIA	
(P.O. BOX NOT ACCEPTABLE)	
5569 NW 72 AVENUE - MIAMI F	LORIDA 33166
(ADDRESS OFFICE)	SIGNATURE Jahren
•	(corposite afficer)
	TITLE President
•	·

CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE x

DATE 02/08/2011