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## **COVER LETTER**

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

SUBJECT: Best Care Services INC.					
(PROPOSED CORPORA	FE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL CO	OPY REQUIRED			
FROM: Maria J Cruz  Name (Printed or typed)					
11138 SW 4 Street					
Miami,FL 33174	ddress State & Zip				
305 220 5216	elephone number				
mjcruz1504@yahoo.com E-mail address: (to be used for future annual report notification)					

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 IV SHARES The number of stares of stock is: 100  ARTICLE IV SHARES Name and Title: Address:  Name and Title: Addre	ARTICLE I N The name of the corpo	AME Best Care Service oration shall be:	es INC.		
The purpose for which the corporation is organized is:  ANY AND ALL LAWFULL BUSINESS  ARTICLE IV SHARES The number of shares of stock is: 100  ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS  Name and Title: MARIA J. C.R.U.Z-PRESIDENT Address:  Address: 11138 SW 4 STREET Address:  MIAMI, FL. 33174  Name and Title: Name and Title: Address:  Address: Address: Address:  Address: Address: Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: MARIA J. CRUZ-Address:  11138.SW 4 STREET MIAMI, FL. 33174  ARTICLE VI INCORPORATOR  The name and address of the Incorporator is:  Name: MARIA J. CRUZ-Address:  11138.SW 4 STREET MIAMI, FL. 33174  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  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the fabse information submitted in a document to the Department of Stato-constitutes a third degree felony as provided for in s.817.155, F.S.  3 3 2 0 12	11.	Principal <u>street</u> address 138 SW 4 street		Mailing ac	Idress, if different is:
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