

04/22/2013 09:44
6/11/2014

P14000051081

P.001/003

Florida Department of State
Division of Corporations
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.

(((H14000138591 3)))



H140001385913*BC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BEST CHOOSE MEDICAL CENTER CORP

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

RECEIVED

14 JUN 12 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 12 PM 1:33

FILED

6/13/14

H14000138591

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

Best choose Medical Center Corp

Article II - Principal and Mailing Address

13903 NW 67 AVE STE # 330
Miami Lakes FL 33014

FILED
14 JUN 12 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article III - Shares

The number of shares of stock is: 2,000 -

Article IV - Initial Officers and/or Directors

Heather ANN ARGYLE - President

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Heather Ann Argyle
13903 NW 67 Ave Ste # 330
Miami Lakes FL 33014

Article VI - Incorporator

The name and address of the incorporator is:

13903 NW 67 AVE STE # 330

Miami Lakes FL 33014

Heather Ann Argyle

H14000138591

H14000138591

Required Signatures:

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

X Yeather J. Argue

Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Yeather J. Argue

Incorporator

Date

FILED
14 JUN 12 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000138591