

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.

((H15000185784 3)))



H150001857843ABC8

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 CARE THERAPY, INC.

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

FILED
15 JUL 31 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000185784

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Best Care Therapy, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2526 A-B Tampa Bay Blvd
Tampa FL 33607**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jorge Consuegra (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jorge Consuegra
8019 N. Himes Ave, Ste 506
Tampa FL 33614**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jorge Consuegra
8019 N. Himes Ave, Ste 506
Tampa FL 33614SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 31 AM 8:02

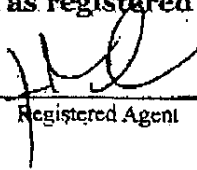
FILED

H15000185784

H15000185784

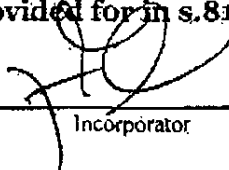
Required Signatures:

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



Registered Agent 7/30/15
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.



Incorporator 7/30/15
Date

FILED
15 JUL 31 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000185784