

10/25/2016

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LAZARUS

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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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.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BEST SUPPLIES CORP**

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Certified Copy	1
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TALLAHASSEE

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OCT 26 2016

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000263845

ARTICLE I NAME: The name of the corporation is:

BEST Supplies CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6335 W 24 Ave
Hialeah FL 33016

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Laritza M. Reyes Infante (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Laritza M. Reyes Infante
6335 W 24 Ave
Hialeah FL 33016

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Laritza M Reyes Infante
6335 W 24 Ave
Hialeah FL 33016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

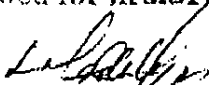
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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.817.55, F.S.



Incorporator

Date

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