

PM 000 078 966

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.

((H17000258988 3)))



H170002589883ABCF

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 ASSISTANCE CORP.**

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

RECEIVED
17 OCT -2 PM 3:25
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

OCT 03 2017

H17000258988

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:BEST ASSISTANCE CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

63 W 3rd ST., HIALEAH, FLORIDA.
33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P - EDGAR EDUARDO LOBO NIETO.1. - LIQUEL DEL CARMEN ALLARA ALEMÁN**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

EDGAR EDUARDO LOBO NIETO
63 W 3rd ST. HIALEAH FLORIDA 33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:EDGAR EDUARDO LOBO NIETO
63 W 3rd ST. HIALEAH FLORIDA 33010

H17000258988

H17000258988

Required Signatures:

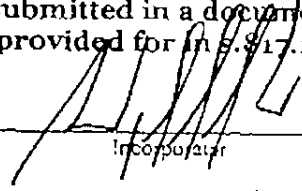
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered AgentOCT. 2ND 2017

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 § 17.155, F.S.



IncorporatorOCT. 2ND 2017

Date

H17000258988