Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA BEST MEDICAL CARE INC

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Florida Best Hedical Care Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
35 SW 114 AVE SVITE 201
35 Sw 114 Ave svite 201 Hinni FL 33174
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Rosabel Machado (P)
A Description of the second of
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Rosabel Machado
35 SW IN AVE SUITEZOI
Migmi FL 33174
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: ROSCIDE Machado
35 SW 114 AVE SUITE 201
Miami #1_ 33174

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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.817.155, F.S.

Date

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