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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
BEST CARE HEALTH CENTER INC

Certificate of Status	0
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FOR
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Best Care Health Center Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7910 NW 25 St
Doral FL 33122
#202B**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**William Alonso CP)
8862 NW 112th Ter
Hialeah Garden FL 33018**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

William Alonso
7910 NW 25 St
Doral FL 33122 #202B**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:William Alonso
7910 NW 25 St
Doral FL 33122 #202B

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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

[Signature]
Registered Agent

4/19/21
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.

[Signature]
Incorporator

4/19/21
Date

STATE
NOTARIES, PLLC

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