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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.

Email	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION BETTER SELF MEDICAL SERVICES INC

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:
Better Gelf Medical Services inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
13501 Sw 136 st suite 211
Miani FL 3318C
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Elizabeth South
<u>(P)</u>

·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Elizabeth Sanchez
13501 SW 136 St Svite 211
migmi F1 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Elizabeth Sanchez
13501 Sw 136 St Suite 211
miami F1 33186

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.

mcorporator Date