

6/7/2021

Division of Corporations

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 : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
Phone : (305)463-6690  
Fax Number : (305)463-6693

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ilimigre@hotmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Best Quality Care Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Best Quality Care Services IncARTICLE II PRINCIPAL OFFICEPrincipal street address  
445 River CT

Mailing address, if different is:

Marco Island, FL 34145ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful businessARTICLE IV SHARESThe number of shares of stock is: 1ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Ilieuz Valdes, Pres Name and Title:Address: 445 River CT Address:Marco Island, FL 34145

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

21 JUN -8 PM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ilieva Valdes  
Address: 445 River CT  
Marco Island, FL 34145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ilieva Valdes  
Address: 445 River CT  
Marco Island, FL 34145

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

06/07/2021  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

06/07/2021  
Date