Electronic Filing Cover Sheet

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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:

FLORIDA PROFIT/NON PROFIT CORPORATION BEST CARE THERAPY GROUP, INC

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

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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BEST CARE THERAPY GROUP, TIK	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
. 1414 NIW 107 Ave Ste.	301
Sweltwater, FL 33172	 ,
	 -
APTICLE III CHAPPO CO	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER	S: ∷
YADIRA VALINA (P)	1028 JUL
· · · · · · · · · · · · · · · · · · ·	
	V
	A
	<u> </u>
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AL	
The name and Florida street address (PO Box not acceptable) of the register	ed agent is:
· YADIRA VALINA	·
1414 NW 107th AVE Ste	30)
Sweetwater, FL 33172	
ARTICLE VI INCORPORATOR: The name and address of the Incom ADIRA VALINA	porator is:
1414 NW 107th Ave Ste 30	
)
Sweet water FL 33172	

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.

| 07 | 12 | 202 | Date

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