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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION BEST CHOICE CONSULTANTS INC

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION: In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:
Best Choice consultants Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  1200 SW 141 Ave.  MIAMI FL 38184
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- 1200 Sw 141 Ave
MIami FL 33/84
Joel Millan Rodriquez (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registe red agent is:
DOO SUD 141 ave.
MIAMI FL 33184
IVIUITI TL 5518T
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Joel Millan Rodriquez
1200 SW 141 gre
MIAMI FI 32184

## 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 I)ate

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.

Incorporator Date No.