P95000033144

TRANSMITTAL LETTER

Department of State Devision of Corporations P. O. Box 6327 Tallahassee, FL 32314	S		50 51 15 80 15 15 15 15 15 15 15 15 15 15 15 15 15
SUBJECT:(Pr	BETTY CARI	E. INCORPORATED name - must include suffix)	្នា ៈ វ
Enclosed is an original for : \$70.00 Filing Fee	and one (1) co x \$78.75 Filing Fee & Certificate	py of the articles of incorporation \$122.50 \$131.2 Filing Fee Filing Fee, & Certified Cooy Certified Cook & Certificat Additional Copy Required	5 pv
FROM:	Name (737) 	ininted or typed)	
,) 267–6051 Telephone number	_

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BETTY CARE, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7370 S.W. 12th STREET MIAMI, FLORIDA #33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIEZER GOMEZ
7370 S.W. 12TH STREET
MIAMI, FLORIDA 33144

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ELIEZER GOMEZ, 7370 S.W. 12TH STREET, MIAMI, FLORTDA 33144
BEATRIZ GOSENDE, 7370 S.W. 12TH STREET, MIAMI, FLORIDA 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
10th _day ofAPRIL19
Signature
y Masell Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nam	e of the corporation is:BE	ETTY CARE, INCORPORATED
2. The nam	e and address of the registered	d agent and office is:
	ELIEZER GO	MEZ
	(Na	ame)
	7370 S.W.	12TH_STREET
	(P.O. Box or Mail Dro	op Bnx NOT acceptable)
	MIAMI, FLO	RIDA 33144 ·
	(City/S	State/Zip)
	named as registered agent an	nd to accept service of process for the gnated in this certificate, I hereby accept
Having beer above stated the appoint to comply we formance of tion as regis	ment as registered agent and action the provisions of all statutes my duties, and I am familiar wit tered agent.	In to accept service of process for the gnated in this certificate, I hereby accept gree to act in this capacity. I further agree is relating to the proper and complete perth and accept the obligations of my positions.

18:54