

P95000034264
TRANSMITTAL LETTER
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 27 AM 8:10

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800001467938
-04/28/95--01035--009
****122.50 ****122.50

SUBJECT: BEST CARE PHP, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: BEST CARE PHP, INC
Name (printed or typed)

780 NW 42 AVE # 625
Address

MIAMI, FL. 33126
City, State & Zip

305- 446-3292
Daytime Telephone number

5/3/95
[Signature]

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.

FILED
95 APR 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BEST CARE PHP, INC

ARTICLE II PRINCIPAL OFFICE

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

780 NW 42 AVE # 625
MIAMI, FL. 33126

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 \$ 1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZOE LOPEZ
3111 NW 19 ST
Miami, Fl. 33125

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors


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

ZOE LOPEZ (PRESIDENT)


MARILEX MARTINEZ (VICE PRESIDENT)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of APRIL, 19 95.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

RECEIVED
TALLAHASSEE, FLORIDA
APR 13 1995

1. The name of the corporation is: BEST CARE PHP, INC.

2. The name and address of the registered agent and office is:

ZOE LOPEZ
(NAME)

3111 NW 19 ST
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL. 33125
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Zoe Lopez
(SIGNATURE)

4-13-95
(DATE)

JUN- 3-96

P95000034264

6/03/96
2:04 PM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: BEST CARE PHP, INC.
DEPARTMENT OF STATE 780 N.W. 42 AVENUE # 620
STATE OF FLORIDA MIAMI FL 33126- 34-3449
409 EAST GAINES STREET
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
FAX: (904) 922-4000 PHONE: (305) 541-0790
FAX: (305) 541-4015
(((H96000007757))) DOCUMENT TYPE: BASIC AMENDMENT
NAME: BEST CARE PHP, INC.
FAX AUDIT NUMBER: H96000007757 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/03/1996 TIME REQUESTED: 14:04:40
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$43.75 ACCOUNT NUMBER:
071324000655

Note: Please print this page and use it as a cover sheet when
submitting documents to the Division of Corporations. Your document cannot be
processed without the information contained on this page. Remember to type the
Fax Audit number on the top and bottom of all pages of the document.
(((H96000007757)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

Corporation - off + RA ✓
Linda

RECEIVED
96 JUN -4 AM 8:40
DIVISION OF CORPORATIONS

FILED
96 JUN -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN- 3-96 MON 4:47 PM R&R ACCOUNTING & TAX SEV

FAX NO. 3055414015

P. 1

06/03/96 15:42 Fl. Dept. of State pl /1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 3, 1996

BEST CARE PHP, INC.
780 NW 42ND AVENUE STE 625
MIAMI, FL 33126

SUBJECT: BEST CARE PHP, INC.
REF: P95000034264

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt
Corporate Specialist

FAX Aud. #: H96000007757
Letter Number: 796A00027663

H96000007757

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION
BEST CARE PHP, INC.

FILED
96 JUN -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Chapter 607, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation, Filed 4-27-95 number P95000034264.

FIRST: The name of the corporation is BEST CARE PHP, INC.

SECOND: The following amendments of the Articles of Incorporation were adopted by the corporation:

Change Of Officers & Registered Agent

From: ZOE LOPEZ PRESIDENT & REGISTERED AGENT
780 N.W. 42 AVENUE # 620
MIAMI, FL 33126

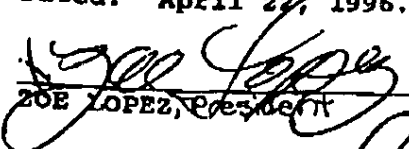
MARILEX MARTINEZ VICE PRESIDENT
780 N.W. 42 AVENUE # 620
MIAMI, FL 33126


To: ALFREDO TURNES PRESIDENT, VICE PRESIDENT &
780 N.W. 42 AVENUE # 620 REGISTERED AGENT
MIAMI, FL 33126

THIRD: The amendment was adopted by the Board of Directors on the 22nd Day of April, 1996.

FOURTH: The date of adoption by unanimous consent of the shareholders was on the 22nd Day of April, 1996.

Dated: April 22, 1996.


ZOE LOPEZ, President


MARILEX MARTINEZ, Vice President


ALFREDO TURNES, President

Prepared by: Alfredo Turnes
780 NW 42 Ave. #620
Miami, FL 33126
Tel: (305) 541-8310

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**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 STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

BEST CARE PHP, INC.

2. The name and address of the registered agent and office is:

ALFREDO TURNES
780 N.W. 42 AVENUE # 620
MIAMI, FL 33126

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


ALFREDO TURNES, REGISTERED AGENT

April 22, 1996

H96 000007757