P960000061487

	LAZARUS CO	RPORATE INDUSTRIES, INC. Requestor's Name	
	890 s.w. 8	7 AVENUE SUITE: 16 Address	
	MIAMI, FLO City/Sta	RIDA 33174 (305)552-5973 te/Zip Phone //	
	LOCAL REPR	ESENTATIVE TALLAHASSEE	Office Use Only
	CORPORATIO	N NAME(S) & DOCUMENT NUM	IBER(S), (if known):
	1. BEST (C)	COMMUNITY MEN	TAC CARE, INC.
	2. <u>(C</u>	orporation Name) (Do	######################################
	3.		
	(Co	nporation Name) (Doc	eunent #)
	4(Co	rporation Name) (Doc	cument #)
	Walk in	Pick up time	Certified Copy
			T (C + 10
		Will wait Photocopy	Certificate of Status ?
劉	NEW FILINGS	AMENDMENTS	Certificate of Status C
X	Profit	Amendment	
	NonProfit	Resignation of R.A., Officer/ Directo	
	Limited Liability	Change of Registered Agent	<u>ु</u> र्दित 23
	Domestication	Dissolution/Withdrawa)	
	Other	Merger	
	OTHER FILINGS	REGISTRATION/A QUALIFICATION	RECEIVED 96 JUL 23 AH II: 06 DIVISION OF CURPORATION
	Fictitious Name	Foreign	
	Name Reservation	Limited Partnership	
_		Reinstatement	700 : 06
		Trademark	<u>.</u> . 0,
		Trademark Other	
12E031	I(1/95)		7-23.96 Examiner's Initials

ARTICLES OF INCORPORATION OF Z

BEST COMMUNITY MENTAL CARE, INC.

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

ARTICLE 1 NAME

The name of the corporation shall be:

BEST COMMUNITY MENTAL CARE, INC.

ARTICLE IL PRINCIPAL OFFICE

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

220 W. 63rd Street Hialeah, FL. 33012

ARTICLE III CAPITAL STOCK

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

Five hundred (500) shares of one dollar (\$1.00) par value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Noe Cano Jr. 220 W. 63rd Street Hialeah, FL. 33012

ARTICLE V INCORPORATOR (S)

The name (s) and street addition:	ress (es) of the incorporator (s) to these Articles of Incorporation i
Noe Cano Jr. 220 W. 63rd Street Hialeah, FL. 33012	President, V. President, Secretary and Treasurer
The undersigned has (have) e	xecuted these Articles of Incorporation this
18th day of July	. 19 <u>. 96</u> .
	A Da.

Signature/ Title
Not Cano Jr. /President

CERTIFICATE OF DESIGNATION REGISTERED AGENT AGEN

Pursuant to the provisions of Section 607.325, Florida Statues, 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 name of the corporation is: BEST COMMUNITY MENTAL CARE, INC.	
2- The name and address of the registered agent and office is: Noe Cano Jr.	FILED
(P.O. BOX NOT ACCEPTABLE)	
1°	•
Hialeah, FL, 33012	
(CITY/ STATE/ ZIP)	_
SIGNATURE:	
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUES. SIGNATURE: DATE:	