ACCES SYSTEM ((тыворі FILL COVER ro: 0171316 DEPARTMENT OF STATE 1492 W STATE OF FLORIDA SUITE 20 409 EAST GAINES STREET MIAMI FL 33135-TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT FAX: (904) 922-4000 PHONE: (305) 841-3894 FAX: (306) 841-3770 (((H96000009929))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: BEST HEALTH CARE OPTIONS, INC.
IMBER: H96000009929 CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H96000009929 DATE REQUESTED: 07/17/1998 TIME REQUESTED: 13:41:49 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255 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. (((H96000009929))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND (CR): Help F1 Option Menu F2 NUM CAPS Connect: 00:03:2

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 18, 1996

EMPIRE CORPORATE KIT COMPANY 1492 W FLAGLER STREET SUITE 200 MIAMI, FL 39135

SUBJECT: BEST HEALTH CARE OPTIONS, INC. REF: W96000014995

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

A post office box is not an acceptable address for the registered agent.

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) 487-6933.

Dana Calloway Document Specialist FAX Aud. #: H96000009929 Letter Number: 996A00034794 33010

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ARTICLES OF INCORPORATION Best Health Care Options, Inc.

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The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE ! NAME

The name of the corporation shall be Bee; Health Care Options, Inc.

ARTICLE N MATURIN OF THUMBER

This corporation may angage in or transact any and all hawid activities or business permitted under the laws of the United States, the State of Florida, or any other above, county, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of eighmon stock having a per value of \$1.00 per share.

ARTICLE IV APPASS

The street address of the initial registered office of the corporation shall be 4955 NW 199 Street - Lot (305) 882 - com Miami, F1 33055, and the name of the initial Registered Agent for the corporation at that address M Lilia A Parez at 4955 NW 199 Street - Lot 351, Miami, Fl 33055.

ARTICLE V SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the agulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by tile appropriate officers to accomplish this compliance.

ARTICLE VI TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VII LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the resconsble cost and expenses incurred by him in connection with the defence of, or torradvice concerning any claim excerted or proceeding brought against him by reason of his being or having back o director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or sot whelly owned, to the maximum extent permitted by tew. The foregoing right of Indemnification shall be includive of any other rights to which any director, stockholder or officer may be entitled as a metter of life.

ARTICLE VIII SELF DEALING

No contract or other transaction between the corporation and other corporations, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors of the corporation is or are interested in a contract or transaction, or are directors or officers of any other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interested in such contract, act or

red by: James B. Haved Gat., Proposed by: Jernes B. Hewell Est ris Bor# 9002 001 SE 3 Floor, Hadash, F1 M616

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transaction, or in any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exiat from this contracting with the corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director of the corporation may vote upon any transaction with the corporation without regard to the fact that he is also a director of such subsidiary or corporation.

This corporation shall have a minimum of one director. The initial Board of Directors shall consist of:

Ricardo Mendigla Carlos Fables Ross Amedor Gloria Amedor

President Vice-President Secretary Tressurer

The initial shareholder(s) shall be:

Ricardo Mendiéra

100 Shares

ARTICLE IX INCORPORATOR

The name and addrifts of the incorporator is:

Ricerdo Mendiulia 4955 NVV 198 Street - Lot 361 Mierri, Fl 3305¢

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seel on this 25th day of April, 1898.

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DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submated in compliance with the laws of the State of Florida. Beat Health Care Options, Inc., a corporation organizing under the laws of the State of Florida, with its principal office located at 4955 NW 199 Street, Lot 351, Miami, Florida, 33055, has named Lilla Perex., whose address is 4955 NW 199 Street, Lot 351, Miami, Florida 33055, as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Apent:

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