City/State/Zip LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. BEST CHOICE INSURPNCE INC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS SALST Profit Amendment NonProfit Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHERISINGS Medical Carlow Annual Report Foreign Fictitious Name. Linkted Partnership Name Reservation Reinstatement Arademark Otler

CR2E031(1/95)

Examiner's Initials

## ARTICLES OF INCORPORATION OF

#### BEST CHOICE INSURANCE INC.

I , the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

## ARTICLE I NAME

The name of the corporation shall be:

BEST CHOICE INSURANCE INC.

### ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

#### ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$\frac{10.00}{20.00}\$ par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

## ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$ 600.00 .

## ARTICLE V - CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

## ARTICLE VI - POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be:

2903 NE 163 St. Apt.603, North Miami Beach,F1. 33160

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

## ARTICLE VII - NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting of two persons initially.

The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number requiered by the laws of the State of Florida, as amended from time to time.

#### ARTICLE VIII - INITIAL DIRECTORS

NAME
ADDRESS

David Rodriguez. 2903 NE # 603 North Miami Beach,Fl. 33160

Jenny Amat 2903 NE # 603 North MiaMI Beach,Fl. 33160

## ARTICLE IX - OFFICERS

NAME	٠	TITLE
David Rodriguez.		President.
Jenny Amat		Secretary/Treasurer

## ARTICLE X - SUBSCRIBERS

The name and post office	addresses of the subscribers to these articles
are as follow:	
NAME	ADDRESS
David Rodriguez.	Same as article VIII
	ARTICLE XI - AMENDMENTS
These Articles of Incorp	oration may be amended from time to time in the
manner provided by law.	Every amendment shall be approved by the Board
of Directors, proposed b	y them to the stockholders and approved at a
stockholders' meeting by	a majority of the stockholders entitled to vote.
ARTICLE	E XII - REGISTERED OFFICE AND AGENT
The initial street addre	ess of the registered office of the corporation is:
2903 NE 163 St. # 603, 1	North Miami Beach, F1. 33160
and the registered agent	is:
David Rodriguez.	
The undersigned has (hav	ve) executed these Articles of Incorporation this:
9th day of	June, 19 97/
	David Rodriguez-President. (SEAL)
	SEAL)
	,

(SEAL)

# CERTIFICATE OF DESIGNATION 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.

1.	The name of the corporation is: Best Choice Insurance Inc.
2.	The name and address of the registered agent and office is:
4.	
	David Rodriguez. (NAME)
	2903 NE 163 St. # 603
	(P.O. BOX NOT ACCEPTABLE)
	North Miami Beach, F1. 33160
	(CITY/STATE/ZIP)
	SIGNATURE +
	(CORPORATE OFFICER)
	TITLE President.
	ARE & T
	DATE 6-9-97
	The second secon
HAV	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABO	OVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.
	FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE
PRO	OPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
TH	E OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE
	0201412014
	DATE 6-9-97
	DATE