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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS  
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FROM: AL CLARK  
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CONTACT: AL CLARK  
PHONE: (813)393-1766  
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FAX #:

NAME: BEST RETURN INC.

AUDIT NUMBER.....H97000013157

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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**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:

**BEST RETURNS INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**12600 S. BELCHOR RD.**  
**SUITE 104 E.**  
**LARGO FL 33773**

**ARTICLE III SHARES**

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

**1000 SHARES**  
**NO PAR**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:  
prepared by:

Name: ROBERT TAYLOR  
Address: 12600 S. BELCHER RD.  
SUITE 104 E. LARGO FL 33773  
Ph#: 813-535-1334

Accounting & Tax Help, INC.  
8668 PARK BLVD Suite .A  
SEMINOLE, Florida 33777

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**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)

ROBERT TAYLOR  
12600 S. BELCHER RD  
SUITE 104 E

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

11<sup>th</sup> day of AUG, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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

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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 STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: BEST RETURNS  
INC. \_\_\_\_\_

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

Accounting & Tax Help, INC.  
(Name)

8668 PARK BLVD., Suite A  
(P.O. Box not acceptable)

SEMINOLE, Florida 33777  
(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.*

  
(Signature) President

8-K-97

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL.

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