

OFFICE USE ONLY (Document #)

19900006620

LEVIARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002751443--6

-01/22/99--01065--020

****236.25 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. 21ST CENTURY BEST CARE SERVICES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

FILED
 99 JAN 22 PM 2:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: 21ST Century Best Care Services, Inc.

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

_____ \$70.00
Filing Fee

X \$78.75
Filing Fee &
Certificate

_____ \$122.50
Filing Fee &
Certified Copy

_____ \$131.25
Filing Fee &
Certified Copy &
Certificate

RETURN TO:

**ABY PARALEGAL, INC
13780 S.W. 56TH ST #100
MIAMI, FL 33175
305-388-5050**

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:

21st Century Best Care Services, Inc.

99 JAN 22 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE II PRINCIPAL OFFICE

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

**16199 S.W. 2nd Drive
Pembroke Pines, Fl 33027**

ARTICLE III SHARES

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

1000 shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial regised agent is :

**Manuel Vidal
16199 S.W. 2nd Drive
Pembroke Pines, Fl 33027**

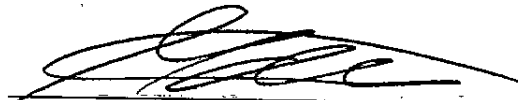
ARTICLE V INCORPORATOR(S)

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

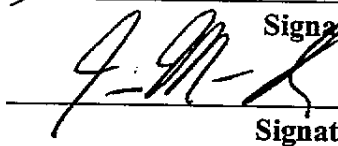
PRESIDENT
Manuel Vidal
16199 S.W. 2nd Drive
Pembroke Pines, FL 33027

C.E.O.
Javier Marin
16199 S.W. 2nd Drive
Pembroke Pines, FL 33027

The undersigned incorporator(s) has(have) executed these Articles of Incorporation
this 15 day of January 1999.



Signature



Signature

**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:

21st Century Best Care Service, Inc.

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

Manuel Vidal
16199 S.W. 2nd Drive
Pembroke Pines, FL 33027

FILED
99 JAN 22 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA


Signature

16199 SW 2ND DRIVE
PEMBROKE PINES
FL, 33027