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CALCARUS 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				
		200002988982——9 -09/16/9901053003 office use only ******78.75		
1. BASIC CAN (Corporation Name) (Corporation Name)	DOCUMENT NUMB PE ENTE	BER(S) (if known): PRISES (Document #)	Tuc	
3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time Mail out Will wait	2,00 Photocopy	(Document #) (Document #) Certified Copy Certificate of Status	RECEIVED 99 SEP 16 PM I2: 08 0EPATINITY STATE INVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMI Amendment Resignation of R Change of Registr Dissolution/Withd Merger REGISTRATIO	ered Agent	99 SEP 16 PH 12: 16	
Annual Report Fictitious Name Name Reservation	Foreign Limited Partnersh Reinstatement Trademark	N		ر ا

Examiner's Initials

Other

ARTICLES OF INCORPORATION OF "BASIC CARE ENTERPRISES", Total



ARTICLE I - NAME

The name of the corporation is Basic care Enterprises, Inc.

ARTICLE II - DURATION

This corporation is to exist perpetually.

ARTICLE III - PURPOSE

This corporation is organized for the purpuse of transacting any lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of ten cents (0.10) par value common stock.

ARTICLE V - PREEMTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - PRINCIPAL OFFICE. REGISTERED OFFICE AND AGENT

The principal office of this corporation is at 215 Sw 17 Ave Suite 216. The name of the registered agent of this corporation is Alexis Ramos.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time, in acordance with the by-law of the corporation, but shall never be less than one (1). The name and address of the initial director of this corporation is:

Name:

Alexis Ramos

Address:

215 Sw 17Ave

miami, Fl 33155

<u> ARTICLE VIII - INCORPORATION</u>

The name and address of the person signig these Article Of Incorporation is: Alexis Ramos 215 Sw 17 Ave, FL 33155

ARTICLE IX - BY-LAW

The power to adopt, alter, amend or repeal by-law shall be vested in the BOARD OF DIRECTORS

ARTICLE X - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extend permitted by law.

ARTICLE XI - AMENDMENTS

This corporation reserves the right to amend or any provisions contained in these Articles Of Incorporation, or any amendment therof, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS THEREOF, the undersigned subscriber has executed these Articles Of Incorporation on this 09th day of Sept, 1999.

STATE OF FLORIDA COUNTY OF DADE

THE FOREGOING ARTICLES OF INCORPORATION were sworn to and acknowledged before me on this 09th day of Sept, 1999 BY:

NOTARY PUBLIC

STATE OF FLORIDA

MY COMMISSION EXPIRES:

CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY SERVED.

In pursuance of Chapter 48.091 Florida Statutes, the following is submitted in compliance with said act:

THAT, BASIC CARE ENTERPRISES, INC. desiring to organize under the laws of the STATE OF FLORIDA, with it principal offices as indicated in the Article Of Incorporation has named ALEXIS RAMOS, as its Agent to accept service of within the state.

ACKNOWLEDGMENT

Having been named to accept services of process for the above-named corporation, at the place designated in this certificate, I hereby accept to act in the capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

BY: _____