

713000015368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

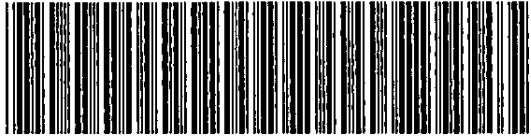
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500244511355

02/14/13--01009--011 \*\*78.75

FILED  
13 FEB 14 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers FEB 15 2013

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** AQACCESSORIES.CORP  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Arturo Quintero  
Name (Printed or typed)

8873 B Fontainebleau Blvd #201  
Address

Miami, FL 33172  
City, State & Zip

305-206-3255  
Daytime Telephone number

Support@AQACCESSORIES.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AQ ACCESSORIES . GORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

88730 Fontainebleau Blvd #201  
Miami, FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SALE OF GOODS . AND  
MANUFACTURING OF GOODS PRODUCTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Arturo Quintero</u>	Name and Title:	_____
Address	<u>88730 Fontainebleau Blvd</u>	Address:	_____
	<u>APT # 201</u>		_____
	<u>Miami, FL 33172</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

13 FEB 14 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Arturo Quintaro  
 Address: 8873 B Fontainebleau Blvd # 201  
MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Arturo Quintaro  
 Address: 8873 B Fontainebleau Blvd # 201  
MIAMI, FL 33172

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Arturo Quintaro \_\_\_\_\_ Date 2-4-13  
 Required Signature/Registered Agent

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Arturo Quintaro \_\_\_\_\_ Date 2-4-13  
 Required Signature/Incorporator

FILED  
 FEB 14 AM 9:53  
 DEPARTMENT OF STATE  
 TALLAHASSEE  
 FLORIDA