

P13000040730

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000102230 3)))



H130001022303ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
QUINTEL'S PROPERTY PRESERVATION SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEAL OF THE STATE
TALLAHASSEE FLORIDA

13 MAY -6 AM 9:44

FILED

DEPARTMENT OF CORPORATIONS

13 MAY -6 PM 4:24

RECEIVED

H 13000102230

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: Quintel's Property Preservation Services inc

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

3811 NE 12th STREET
Pompano Beach FL 33064

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Travon Fort P</u>	Name and Title:	<u>Edsin Lourens VP</u>
Address:	<u>3811 ne 12th terr</u>	Address:	<u>3811 ne 12th terr</u>
	<u>Pompano Beach, FL 33064</u>		<u>Pompano Beach, FL 33064</u>

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

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

13 MAY -6 AM 9:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H 13000102230

H 13000102230

(cont.)

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: Travon Fort
Address: 3811 ne 12th terr
Pompano Beach, FL. 33064

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TRAVON FORT
Address: 3811 NE 12TH TERR
POMPANO BEACH, FL 33064

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

[Signature]
Required Signature/Registered Agent

05-6-13
Date

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.

[Signature]
Required Signature/Incorporator

05-6-13
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAY -6 AM 9:44

FILED

H 13000102230