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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : PREMIER ADVISORY GROUP INC
Account Number : I20200000085
Phone : (305)370-9567
Fax Number : (305)675-0551

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

Email Address: G.castilla@premieradvisorygroup.us

FLORIDA PROFIT/NON PROFIT CORPORATION
HIGH QUALITY SERVICE INC

Certificate of Status	0
Certified Copy	0
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2021 AUG 24 PM 4:45

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7/26/2021 10:45:20 AM PAGE 1/001 Fax Server



July 26, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PREMIER ADVISORY GROUP INC

SUBJECT: HIGH QUALITY SERVICE INC
REF: W21000104989

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000282374
Letter Number: 721A00017375

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: FLORIDA'S HIGH QUALITY SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1545 NW 8TH TER
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE OCCUPATIONAL THERAPY TO
PATIENTS IN NEED.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIELLE GIL GARCIA, PRES. Name and Title: _____

Address 1545 NW 8TH TER Address: _____
MIAMI, FL 33125 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: GUILLERMO CASTILLA
 Address: 8300 W FLAGLER ST STE 254-E
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GUILLERMO CASTILLA
 Address: 8300 W FLAGLER ST STE 254-E
MIAMI, FL 33144


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/23/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


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



 Required Signature/Registered Agent 8/23/2021

 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.



 Required Signature/Incorporator 8/23/2021

 Date