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Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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FLORIDA PROFIT/NON PROFIT CORPORATION **DUET QUALITY SERVICE CORP**

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

E ation shall have DUET OUALITY SERV	ICE CORP			
Principal street address //D STE 1505 E FL, 33308				
•		E	:	
			22:	
AL OFFICERS AND/OR DIRECTORS			LAHKSSEE, F	2022 JUN 20 AM
2841 N. OCEAN BLVD STE 1505 FORT LAUDERDALE, FL 33308	_ Address:		STATI	9. 33
3:	Name and Title Address:			
	ation shall be:DUET QUALITY SERV CIPAL OFFICE	ation shall be:DUET QUALITY SERVICE CORP CIPAL OFFICE	ation shall be:DUET QUALITY SERVICE CORP CIPAL OFFICE	AL OFFICERS AND/OR DIRECTORS Is: MARIA LYUBEZNIK, PRESIDENT 2841 N. OCEAN BLVD STE 1505 FORT LAUDERDALE, FL 33308 Name and Title: Name and Title: Name and Title:

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of tho registered agent is:
Name:	MARIA LYUBEZNIK	
Address:	2841 N. OCEAN BLVD STE 1505	
	FORT LAUDERDALE, FL 33308	28
		2022 JUN 20 AM ALLIABASSELLEL
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	20 SEL
Name:	MARIA LYUBEZNIK	A A
Address:	2841 N. OCEAN BLVD STE 1505	95 9
	FORT LAUDERDALE, FL 33308	33 D/
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPPROVIATE)
(If an effective filing.)	date is listed, the date must be specific and can	nnot be more than five days prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed ds.
Having been nad certificate, I am	med as registered agent to accept service of proces familiar with and accept the appointment as regi	ss for the above stated corporation at the place designated in stered agent and agree to act in this capacity
l M	laria Lyubeznik .	06/17/2022
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein t Department of State constitutes a third degree fe	are true. I am aware that the false Information submitted i lony as provided for in s.817.155, F.S.
M	aria Lyubeznik ure/Incorporator	06/17/2022
Required Signat	ure/Incorporator	Date