

F12000001379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

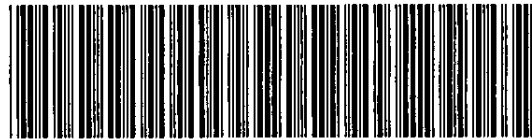
(Document Number)

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

Special Instructions to Filing Officer:

Eduardo A. Borges **ONE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT #1 & #5**  
**DATE** 3/30/12  
**DOC. EXAM** MRB

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
3/30/12

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Maximum Qualities and Associates, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Eduardo A. Borges Medina  
Name of Person  
Maximum Qualities and Associates, Inc.  
Firm/Company  
Urb. Puerto Nuevo NE Calle 10 #1202  
Address  
San Juan, Puerto Rico 00920  
City/State and Zip code  
gadmin@maximumqualities.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo A. Borges at ( 407 ) 690-4395  
Name of Person Area Code & Daytime Telephone Number  
Alba D. Reboyras 787 396-8290

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2012

EDUARDO A BORGES MEDINA  
MAXIMUM QUALITIES AND ASSOCIATES, INC.  
URB. PUERTO NUERO NE CALLE 10 #1202  
SAN JUAN, PR 00920

SUBJECT: MAXIMUM QUALITIES AND ASSOCIATES, INC.  
Ref. Number: W12000018055

We have received your document for MAXIMUM QUALITIES AND ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 412A00010684

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Maximum Qualities + Associates Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

- N/A -  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. 66-0655331  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 31-december-2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Prior to registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1701 Mabbette St. Apt. 9-102 Kissimmee Fl. 34741  
(Principal office address)

Same as principal office  
(Current mailing address)

8. Publishing Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eduardo A. Borges Medina

Office Address: 1701 Mabbette St. Apt. 9-102  
Kissimmee Fl. 34741, Florida 34741  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Eduardo A. Borges  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12 MAR 29 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

FILED

A. DIRECTORS

Chairman:

— N/A —

12 MAR 29 PM 3:59

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman:

— N/A —

Address:

Director:

— N/A —

Address:

Director:

— N/A —

Address:

B. OFFICERS

President:

Eduardo A. Borges Medina

Address:

1701 Mabbette St. Apt. 9-102 Kissimmee Fl. 34741

Vice President:

Alba D. Reboycas Jimenez

Address:

calle Alabama #1743 urb. San Gerardo, San Juan P.R. 00926

Secretary:

— N/A —

Address:

Treasurer:

Karla M. Ramos Sanchez

Address:

Plaza Mirasol 179 urb. Entrerios, Trujillo Alto, P.R. 00976

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Eduardo A. Borges  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14.

Eduardo A. Borges Medina

(Typed or printed name and capacity of person signing application)



Government of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

**FILED**

12 MAR 29 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **CERTIFICATE OF EXISTENCE**

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, according to our records "**MAXIMUM QUALITIES & ASSOCIATES INC.**", registration number **148999**, a **Profit** corporation organized in accordance to the laws of Puerto Rico on **December 31, 2004**, at **9:37 AM**.

*This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.03 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*

**IN WITNESS WHEREOF**, I hereby sign and  
cause the Great Seal of the Commonwealth of  
Puerto Rico to be affixed on it, in the city of  
San Juan, today, March 26, 2012.

A handwritten signature in black ink, reading "Kenneth D. McClintock".

**KENNETH D. McCLINTOCK**  
Secretary of State