

M17000005163

(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:

RA sign W1742207

Office Use Only



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05/15/17--01017--008 \*\*125.00

FILED  
17 JUN 16 PM12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN  
JUN 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

ALCIDES INESTROZA  
7701 CHEF MENTEUR HWY #56  
NEW ORLEANS, LA 70126

SUBJECT: QUALITY PAINTING & SERVICES, LLC  
Ref. Number: W17000042207

We have received your document for QUALITY PAINTING & SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is  
PAINTING SERVICES CORP.

P15000021457 QUALITY

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00009928

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Quality Painting & Services, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Alcides Inestroza**

Name of Person

**Quality Painting & Services, LLC**

Firm/Company

**7701 Chef Menteur Hwy #56**

Address

**New Orleans, Louisiana 70126**

City/State and Zip Code

**alcidesinestroza@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alcides Inestroza**

Name of Contact Person

**678**

at ( )

Area Code

**992-3968**

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **Quality Painting & Services, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**QUALITY PAINTING & SERVICES (LA) LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. **Louisiana**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. **05/22/2017**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **7701 Chef Menteur Hwy #56**

(Street Address of Principal Office)

**New Orleans, La. 70126**

6. **7701 Chef Menteur Hwy #56**

(Mailing Address)

**New Orleans, La. 70126**

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

Name:

**HERBERT F DUARTE**

Office Address:

**1215 IBSEN AVE.**

**ORLANDO**

(City)

, Florida

**32809**

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Title or Capacity:**

**Name and Address:**

**Title or Capacity:**

**Name and Address:**

**Owner**

**Alcides Inestroza**

**Owner**

**Alex Inestroza**

**7701 Chef Menteur Hwy #56**

**New Orleans, La. 70126**

**7701 Chef Menteur Hwy #56**

**New Orleans, La. 70126**

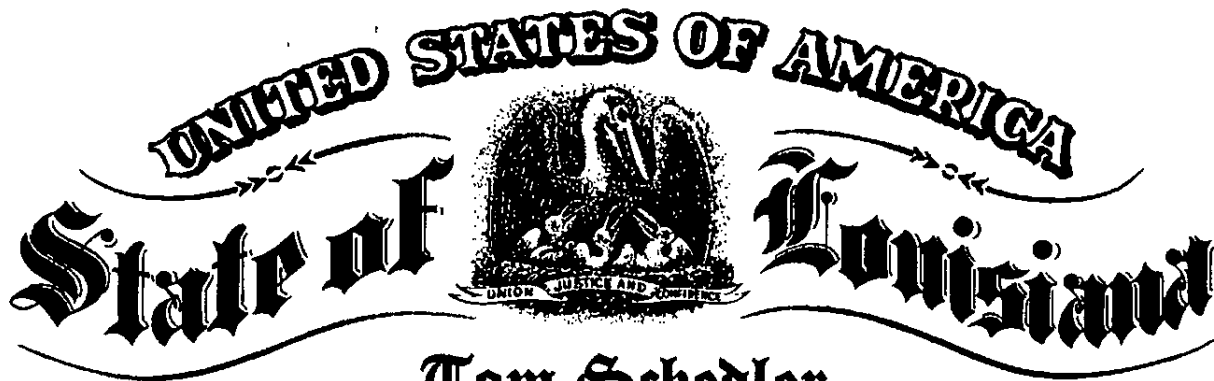
(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Typed or printed name of signee



**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

a copy of the Articles of Organization and Initial Report of

**QUALITY PAINTING & SERVICES, LLC**

Domiciled at NEW ORLEANS, LOUISIANA,

Was filed and recorded in this Office on May 02, 2017,

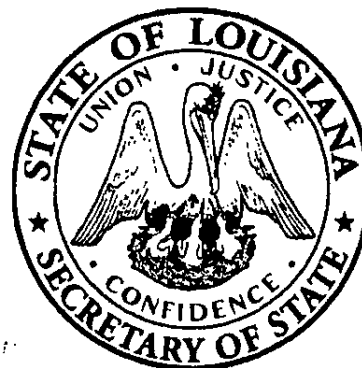
And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 2, 2017

*Secretary of State*

WEB 42630424K



Certificate ID: 10824320#SLJ62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)