# N11000001894

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PICK-UP	WAIT MAIL			
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(Document Number)				
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AUDITOR SESSION AND A SECURIOR OF STATE

T. Burch FEB 24 2011

### **COVER LETTER**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NOT FO	OR PROFIT ARTICLES O				
	(PROPOSED CORPORATE	NAME — MUST INCLU	DE SUFFIX)		
Enclosed is an original	and one (1) copy of the Artic	es of Incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED		
	-	<u>.                                    </u>			
FROM:	Anthony Que	ited or typed)	<del></del>		
	15715 South Dixie Hwy. Suite 409				
Miami, Fl. 33157 City, State & Zip					
786-250-4450					
15715 SoDaythme Falsphame wassber					
aque97@vzw.blackberry.net  E-mail address: (to be used for future annual report notification)					
5-man acciess, (to be used for future attitud report incurreditor)					

NOTE: Please provide the original and one copy of the articles.

# Que's Solution Inc.

February 9, 2011

Florida Secretary of State Division of Corporations 2661 Executive Center Circle Tallahassee, Fl. 32301

Re: Articles of Dissolution for Que's Solutions Inc. Document P10000025224

Please find attached of Articles of Dissolution for Que's Solutions Inc. effective February 9, 2011.

In compliance with state law, we hereby also declare that we give up all rights to the corporate name and have no plans to resurrect or reinstate this corporation.

Best Regards,

Anthony Que

President



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2011

ANTHONY QUE 15715 SOUTH DIXIE HWY STE 409 MIAMI, FL 33157

SUBJECT: QUE'S SOLUTION INC. Ref. Number: W11000008752

We have received your document for QUE'S SOLUTION 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 611A00003774



# ARTICLES OF INCORPORATION FILED a compliance with Chapter 617, F.S., (Not for Profit ) PM

	In compliance with Chapt	er 617, F.S., (Not 1	2007 FEB 24 PM 4: 41
ARTICLE I	NAME Que's Solution Inc.		<del></del>
The name of the	corporation shall be:		SECRETARY OF STATE TAIL ARCSSEL FLORIDA
ARTICLE II	PRINCIPAL OFFICE		MIT ARE SOCIETY OF GRADA
	Principal street address		Mailing address, if different is:
	15715 South Dixie Hwy, Suite 409		
	Miami, Fl. 33157		
ARTICLE III	PURPOSE		
• •	which the corporation is organized is: organized exclusively for charitable, purposes under section 50	11(c)(3) of the internal R	evenue Code, or corresponding section of any future federal
	of this organization, assets shall be distributed for one or more ling section of any future federal tax code, or shall be distribute		
ARTICLE IV	MANNER OF ELECTION The manner in		s are elected and appointed:
A5 P	rovided FUR IN The B)	LAWS	_
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTS		
	Title: Anthony Que		<u> </u>
Address:	15715 South Dixie Hwy. Suite 409 Miami Fl. 33157	Address:	
	Title:	4 1 1	:
Address:		Address:	
	· · · · · · · · · · · · · · · · · · ·	<del></del> -	
	Title:		:
Address:		Address:	
	1 100		
ARTICLE VI	REGISTERED AGENT		
•	lorida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Anthony Que	<del></del>	
Address:	15715 South Dixle Hwy. Suite 409 Miami Fl. 33157	<del>-</del>	
	Miami Fl. 33157		
	-	<del></del>	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Anthony Que	_	
Address:	15715 South Dixie Hwy. Suite 409	<del></del>	<u>.</u>
	Miami Fl. 33157	<del></del>	
	med as registered agent to accept service of pro- familion with and accept the appointment as registe		
/ 2	1		02/09/2011
	Required Signature of Registered Agent		Date
	cument and affirm that the facts stated herein are		iat any false information submitted in a documer
to the Departmen	nt of State constitutes a third degree felony as provi	iaea for in s.817.15	5, F.S.
1 5	1_()		02/09/2011
<del></del>	Required Signature of Incorporato	r	Date
0	,danca or Burna or maniharmo	<del>-</del>	<b></b>